



Journal of the Senate

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CONTENTS

Announcements Relating to Committee Meetings	903
Bills on Third Reading	872, 874, 876, 890
Call to Order	871, 891, 899
Co-Introducers	904
Communication	902
House Messages, Final Action	904
House Messages, First Reading	903
Moment of Silence	903
Motions	892, 902
Motions Relating to Committee Reference	874, 891, 902
Reports of Committees	903
Resolutions	871
Special Order Calendar	875, 879, 891, 899

CALL TO ORDER

The Senate was called to order by President Haridopolos at 10:00 a.m.
A quorum present—39:

Mr. President	Flores	Norman
Altman	Gaetz	Oelrich
Benacquisto	Garcia	Rich
Bennett	Gardiner	Richter
Bogdanoff	Gibson	Ring
Braynon	Hays	Sachs
Bullard	Jones	Simmons
Dean	Joyner	Siplin
Detert	Latvala	Smith
Diaz de la Portilla	Lynn	Sobel
Dockery	Margolis	Storms
Evers	Montford	Thrasher
Fasano	Negron	Wise

Excused: Senator Alexander periodically for the purpose of working on the Budget Conference

PRAYER

The following prayer was offered by Senator Wise:

Our God, our Lord, let us rejoice in your mercy. Let us praise your name and give thanks for your love. Allow us to humbly come to you in prayer to receive your blessings.

Jehovah, we pray that you give us wisdom to meet the needs of the people living in the great State of Florida. We call upon you to bless our people, keeping them safe from evil and away from harm, lifting them when they suffer, providing justice to those who are burdened, and healing those in need of care. Bless our children and our seniors, keeping them safe from danger. Please give your comfort to those suffering through arduous difficulties as a result of the tornadoes which recently passed through the Midwest.

Lord God, we ask you to protect our men and women serving in the armed forces. Be with their families and friends by guiding them through the loneliness of absence as these brave men and women serve the United States of America and its many communities. We also call upon you to bless our state employees who also make sacrifices for their families and friends.

Father, be with us, the legislators, so that we do our very best for the constituents of Florida. We need your direction, we need your counsel, we need to be prudent providers and wise policy makers, always keeping in mind that we are servants for others and not self-serving.

Lastly, we call upon the “Great I Am” to touch our lives so that we are mentors for our young and counsel for our citizens. Keep us mindful of our opportunity to serve, for we are not only representatives of the people, but representatives for you. I ask all of this in your holy and precious name, Amen.

PLEDGE

Senate Pages, HaLia Braynon of Miami, cousin of Senator Braynon; Caneilua Barber of Jacksonville; and Cristina Clem of Orlando, led the Senate in the pledge of allegiance to the flag of the United States of America.

ADOPTION OF RESOLUTIONS

At the request of Senator Evers—

By Senator Evers—

SR 960—A resolution recognizing the month of April as “Landscape Architecture Month” in Florida.

WHEREAS, the profession of landscape architecture is regulated by all 50 states on the basis of its recognized significance in protecting the public health, safety, and welfare, and

WHEREAS, landscape architects have made valuable and important contributions to this state through the skillful and artful creation of safe, functional, accessible, secure, and aesthetically pleasing public and private places, and

WHEREAS, the profession of landscape architecture significantly enriches the quality of life enjoyed by Floridians and visitors to this great state, and

WHEREAS, through thoughtful planning and design and careful stewardship of land and water resources, landscape architects serve to preserve, protect, and conserve this state’s scenic beauty, unique and fragile ecosystems, and abundant natural resources, and

WHEREAS, the profession of landscape architecture fosters and promotes economically and ecologically sustainable development of this state’s land and water resources for our present enjoyment while ensuring future generations the same opportunity, and

WHEREAS, the profession of landscape architecture encompasses the analysis, planning, design, management, and stewardship of natural and built environments through a broad and diverse spectrum of projects including urban design; streetscapes and public spaces; transportation corridors and facilities; security design; greenways, parks and recreation; monuments; historic preservation and restoration; residential; hospitality and resorts; corporate and commercial; institutional; academic campuses; conservation; reclamation; landscape art and earth sculpture; gardens and arboreta; and interior landscapes, and

WHEREAS, excellence in the practice of the profession is promoted through graduate and undergraduate programs in landscape architecture offered through the State University System and regulated by the Department of Business and Professional Regulation and the State Board of Landscape Architecture, and

WHEREAS, the profession of landscape architecture serves a unique and vital role in the development of green industries in this state, which contribute tens of billions of dollars annually to Florida's economy, NOW, THEREFORE,

Be It Resolved by the Senate of the State of Florida:

That the month of April is recognized as "Landscape Architecture Month" in Florida.

—**SR 960** was introduced, read and adopted by publication.

At the request of Senator Montford—

By Senator Montford—

SR 2136—A resolution recognizing the Hernando de Soto Winter Encampment of 1539 in Tallahassee as the site of "America's First Christmas."

WHEREAS, the late state archaeologist B. Calvin Jones located 16th century Spanish artifacts while investigating the grounds of the Governor John Martin House in Tallahassee, and additional excavations at the site by archaeologist Charles Ewen revealed artifacts, such as coins, pieces of chain mail armor, a tip from a crossbow bolt, and bones from pigs, which are most likely associated with the Hernando de Soto expedition, and

WHEREAS, the area known as the Hernando de Soto Winter Encampment of 1539, located off of Lafayette Street, is now believed to be the site of the earliest extended occupation by Europeans during the Winter season in La Florida, and

WHEREAS, while Hernando de Soto and his army spent years exploring the American South and many sites are identified with them, their presence has been confirmed at only one, the Hernando de Soto Winter Encampment of 1539, and

WHEREAS, the site is located in what is now a small, largely undeveloped state park located on the grounds of the Governor John Martin House and is currently being considered for nomination as a National Historic Landmark, and

WHEREAS, in 2013, Florida will reach a significant milestone with the 500th anniversary of European contact on the continental United States, and

WHEREAS, while Florida's history dates back more than 12,000 years with the American Indians, Spain's claim in 1513 began a new era that will be celebrated by Viva Florida 500, a commemoration of the story of how many nationalities and diverse cultures thrived together in Florida and how their legacy continues to shape America, and

WHEREAS, Hernando de Soto traveled with three priests and the ecclesiastical implements needed for celebrating Catholic Mass, and the Hernando de Soto Winter Encampment of 1539 was the site of the first organized Christmas celebration in what would become the United States, NOW, THEREFORE,

Be It Resolved by the Senate of the State of Florida:

That the Hernando de Soto Winter Encampment of 1539 in Tallahassee is recognized as the site of "America's First Christmas."

—**SR 2136** was introduced, read and adopted by publication.

BILLS ON THIRD READING

Consideration of **CS for SB 752** was deferred.

CS for CS for HB 245—A bill to be entitled An act relating to the depopulation programs of Citizens Property Insurance Corporation; amending s. 627.351, F.S.; providing that eligible surplus lines insurers may participate, in the same manner and on the same terms as an authorized insurer, in depopulation, take-out, or keep-out programs relating to policies removed from Citizens Property Insurance Corpora-

tion; providing certain exceptions, conditions, and requirements relating to such participation by a surplus lines insurer in the corporation's depopulation, take-out, or keep-out programs; authorizing information from underwriting files and confidential files to be released by the corporation to specified entities that are considering writing or underwriting risks insured by the corporation under certain circumstances; specifying that only the corporation's transfer of a policy file to an insurer, as opposed to the transfer of any file, changes the file's public record status; providing an effective date.

—as amended March 5 was read the third time by title.

On motion by Senator Richter, **CS for CS for HB 245** as amended was passed and certified to the House. The vote on passage was:

Yeas—26

Mr. President	Dockery	Richter
Altman	Gaetz	Ring
Benacquisto	Gardiner	Simmons
Bennett	Hays	Siplin
Braynon	Latvala	Smith
Bullard	Lynn	Storms
Dean	Montford	Thrasher
Detert	Norman	Wise
Diaz de la Portilla	Oelrich	

Nays—8

Fasano	Jones	Sachs
Garcia	Joyner	Sobel
Gibson	Rich	

Vote after roll call:

Yea—Evers, Negron

Nay—Flores

Consideration of **HB 4087**, **HB 4003**, and **CS for SB 376** was deferred.

CS for SB 510—A bill to be entitled An act relating to the Florida Kidcare program; amending s. 409.8132, F.S.; revising a cross-reference; amending s. 409.814, F.S.; deleting a prohibition preventing children who are eligible for coverage under a state health benefit plan from being eligible for services provided through the subsidized program; providing an effective date.

—was read the third time by title.

On motion by Senator Rich, **CS for SB 510** was passed and certified to the House. The vote on passage was:

Yeas—37

Mr. President	Flores	Rich
Altman	Gaetz	Richter
Benacquisto	Garcia	Ring
Bennett	Gardiner	Sachs
Bogdanoff	Gibson	Simmons
Braynon	Hays	Siplin
Bullard	Jones	Smith
Dean	Joyner	Sobel
Detert	Latvala	Storms
Diaz de la Portilla	Lynn	Thrasher
Dockery	Montford	Wise
Evers	Norman	
Fasano	Oelrich	

Nays—None

Vote after roll call:

Yea—Negron

HB 4003—A bill to be entitled An act relating to growth policy; repealing s. 163.2523, F.S., relating to the Urban Infill and Redevelopment Assistance Grant Program, to terminate the program; amending ss. 163.065, 163.2511, and 163.2514, F.S.; conforming cross-references to changes made by the act; providing an effective date.

—was read the third time by title.

On motion by Senator Flores, **HB 4003** was passed and certified to the House. The vote on passage was:

Yeas—35

Mr. President	Flores	Rich
Altman	Gaetz	Richter
Benacquisto	Garcia	Ring
Bennett	Gardiner	Sachs
Bogdanoff	Gibson	Simmons
Braynon	Hays	Siplin
Bullard	Jones	Smith
Dean	Latvala	Sobel
Detert	Lynn	Storms
Diaz de la Portilla	Montford	Thrasher
Evers	Norman	Wise
Fasano	Oelrich	

Nays—2

Dockery Joyner

Vote after roll call:

Yea—Negron

CS for SB 536—A bill to be entitled An act relating to the distribution of materials harmful to minors; amending s. 847.012, F.S.; prohibiting an adult from knowingly distributing to a minor or posting on school property certain specified materials harmful to minors; providing that it is a third-degree felony for any person to knowingly distribute to a minor or post on school property certain materials harmful to minors; defining the term “school property”; providing an effective date.

—was read the third time by title.

On motion by Senator Flores, **CS for SB 536** was passed and certified to the House. The vote on passage was:

Yeas—37

Mr. President	Flores	Rich
Altman	Gaetz	Richter
Benacquisto	Garcia	Ring
Bennett	Gardiner	Sachs
Bogdanoff	Gibson	Simmons
Braynon	Hays	Siplin
Bullard	Jones	Smith
Dean	Joyner	Sobel
Detert	Latvala	Storms
Diaz de la Portilla	Lynn	Thrasher
Dockery	Montford	Wise
Evers	Norman	
Fasano	Oelrich	

Nays—None

Vote after roll call:

Yea—Negron

CS for SB 376—A bill to be entitled An act relating to radiological personnel; amending s. 468.301, F.S.; defining the term “specialty technologist” as it relates to the certification of radiological personnel; amending s. 468.302, F.S.; providing titles for persons who hold a certificate as a specialty technologist; authorizing a person holding a certificate as a specialty technologist to perform the specific duties allowed for a specialty technologist as defined by the Department of Health; requiring that the duties fall within the scope of practice of the specialty as set by the national organization for the particular advanced, post-primary, or specialty area; amending s. 468.303, F.S.; authorizing the Department of Health to adopt rules for recognizing certain national organizations that certify, license, or register specialty technologists; amending s. 468.304, F.S.; providing criteria for certification as a specialty technologist; amending s. 468.306, F.S.; providing for an applicant for certification as a specialty technologist to be certified only by endorsement rather than by examination; amending s. 468.3065, F.S.; authorizing the department to issue a certificate by endorsement to practice as a specialty technologist to an applicant who meets certain criteria; providing an effective date.

—was read the third time by title.

Pending further consideration of **CS for SB 376**, on motion by Senator Flores, by two-thirds vote **CS for HB 309** was withdrawn from the Committees on Health Regulation; Budget Subcommittee on Health and Human Services Appropriations; and Budget.

On motion by Senator Flores, by two-thirds vote—

CS for HB 309—A bill to be entitled An act relating to radiological personnel; amending s. 468.301, F.S.; defining the term “specialty technologist” as it relates to the certification of radiological personnel; amending s. 468.302, F.S.; providing titles for persons who hold a certificate as a specialty technologist; authorizing a person holding a certificate as a specialty technologist to perform the specific duties allowed for a specialty technologist as defined by the Department of Health; requiring that the duties fall within the scope of practice of the specialty as set by the national organization for the particular advanced, post-primary, or specialty area; amending s. 468.304, F.S.; providing criteria for certification as a specialty technologist; amending s. 468.306, F.S.; providing for an applicant for certification as a specialty technologist to be certified only by endorsement rather than by examination; amending s. 468.3065, F.S.; authorizing the department to issue a certificate by endorsement to practice as a specialty technologist to an applicant who meets certain criteria; providing an effective date.

—a companion measure, was substituted for **CS for SB 376** and read the second time by title.

On motion by Senator Flores, by two-thirds vote **CS for HB 309** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—38

Mr. President	Flores	Oelrich
Altman	Gaetz	Rich
Benacquisto	Garcia	Richter
Bennett	Gardiner	Ring
Bogdanoff	Gibson	Sachs
Braynon	Hays	Simmons
Bullard	Jones	Siplin
Dean	Joyner	Smith
Detert	Latvala	Sobel
Diaz de la Portilla	Lynn	Storms
Dockery	Margolis	Thrasher
Evers	Montford	Wise
Fasano	Norman	

Nays—None

Vote after roll call:

Yea—Negron

MOTIONS RELATING TO COMMITTEE REFERENCE

On motion by Senator Thrasher, by two-thirds vote **SB 94**, **CS for CS for SB 610**, **CS for CS for SB 680**, **CS for SB 748**, **CS for SB 750**, **CS for SB 774**, **SB 858**, **CS for CS for CS for SB 888**, **CS for CS for SB 1298**, **SB 1494**, **CS for CS for SB 1874**, **CS for CS for SB 1884**, **SB 88**, **CS for SB 506**, **CS for CS for CS for SB 540**, **CS for SB 670**, **SB 676**, **CS for CS for CS for SB 716**, **CS for CS for SB 762**, **CS for CS for SB 824**, **CS for CS for CS for SB 834**, **CS for CS for SB 1146**, **CS for CS for SB 1180**, **CS for SB 1202**, **CS for SB 1228**, **CS for SB 1324**, **CS for CS for SB 1428**, **SB 1814**, and **SB 2086** were withdrawn from the Committee on Budget; and **SB 1268** was withdrawn from the Committee on Rules.

BILLS ON THIRD READING

CS for SB 544—A bill to be entitled An act relating to health care; amending ss. 458.309 and 459.005, F.S.; requiring that any physician or osteopathic physician who performs certain medical procedures in an office setting to register the office with the Department of Health unless that office is licensed as a facility under ch. 395, F.S., relating to hospital licensing and regulation; providing an effective date.

—was read the third time by title.

On motion by Senator Sobel, **CS for SB 544** was passed and certified to the House. The vote on passage was:

Yeas—39

Mr. President	Fasano	Norman
Alexander	Flores	Oelrich
Altman	Gaetz	Rich
Benacquisto	Garcia	Richter
Bennett	Gardiner	Ring
Bogdanoff	Gibson	Sachs
Braynon	Hays	Simmons
Bullard	Jones	Siplin
Dean	Joyner	Smith
Detert	Latvala	Sobel
Diaz de la Portilla	Lynn	Storms
Dockery	Margolis	Thrasher
Evers	Montford	Wise

Nays—None

Vote after roll call:

Yea—Negron

SB 562—A bill to be entitled An act relating to community-based development organizations; repealing ss. 163.455, 163.456, 163.457, 163.458, 163.459, 163.460, 163.461, and 163.462, F.S., relating to the Community-Based Development Organization Assistance Act, the eligibility of community-based development organizations and eligible activities for certain grant funding, the award of grants by the former Department of Community Affairs, the reporting of certain information by grant recipients to the former department, and rulemaking authority of the former department; providing an effective date.

—was read the third time by title.

Pending further consideration of **SB 562**, on motion by Senator Lynn, by two-thirds vote **HB 4027** was withdrawn from the Committees on Community Affairs; Commerce and Tourism; Budget Subcommittee on Transportation, Tourism, and Economic Development Appropriations; and Budget.

On motion by Senator Lynn, by two-thirds vote—

HB 4027—A bill to be entitled An act relating to community-based development organizations; repealing ss. 163.455, 163.456, 163.457, 163.458, 163.459, 163.460, 163.461, and 163.462, F.S., relating to the Community-Based Development Organization Assistance Act, the elig-

ibility of community-based development organizations and eligible activities for certain grant funding, the award of grants by the former Department of Community Affairs, the reporting of certain information by grant recipients to the former department, and rulemaking authority of the former department; providing an effective date.

—a companion measure, was substituted for **SB 562** and read the second time by title.

On motion by Senator Lynn, by two-thirds vote **HB 4027** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—38

Mr. President	Fasano	Oelrich
Alexander	Flores	Rich
Altman	Gaetz	Richter
Benacquisto	Garcia	Ring
Bennett	Gardiner	Sachs
Bogdanoff	Gibson	Simmons
Braynon	Hays	Siplin
Bullard	Jones	Smith
Dean	Latvala	Sobel
Detert	Lynn	Storms
Diaz de la Portilla	Margolis	Thrasher
Dockery	Montford	Wise
Evers	Norman	

Nays—1

Joyner

Vote after roll call:

Yea—Negron

SB 952—A bill to be entitled An act relating to recreation and parks; repealing s. 418.01, F.S., relating to scope of chapter and a definition; repealing s. 418.02, F.S., relating to recreation centers, use and acquisition of land, and equipment and maintenance; repealing s. 418.03, F.S., relating to supervision; repealing s. 418.04, F.S., relating to playground and recreation boards; repealing s. 418.05, F.S., relating to cooperation with other units and boards; repealing s. 418.06, F.S., relating to gifts, grants, devises, and bequests; repealing s. 418.07, F.S., relating to issuance of bonds; repealing s. 418.08, F.S., relating to petition for referendum; repealing s. 418.09, F.S., relating to resolution or ordinance providing for recreation system; repealing s. 418.10, F.S., relating to tax levy; repealing s. 418.11, F.S., relating to payment of expenses and custody of funds; repealing s. 418.12, F.S., relating to duties and functions of the Division of Recreation and Parks of the Department of Environmental Protection; providing an effective date.

—was read the third time by title.

Pending further consideration of **SB 952**, on motion by Senator Oelrich, by two-thirds vote **HB 4039** was withdrawn from the Committees on Environmental Preservation and Conservation; Budget Subcommittee on General Government Appropriations; and Budget.

On motion by Senator Oelrich, by two-thirds vote—

HB 4039—A bill to be entitled An act relating to recreation and parks; repealing s. 418.01, F.S., relating to scope of chapter and a definition; repealing s. 418.02, F.S., relating to recreation centers, use and acquisition of land, and equipment and maintenance; repealing s. 418.03, F.S., relating to supervision; repealing s. 418.04, F.S., relating to playground and recreation boards; repealing s. 418.05, F.S., relating to cooperation with other units and boards; repealing s. 418.06, F.S., relating to gifts, grants, devises, and bequests; repealing s. 418.07, F.S., relating to issuance of bonds; repealing s. 418.08, F.S., relating to petition for referendum; repealing s. 418.09, F.S., relating to resolution or ordinance providing for recreation system; repealing s. 418.10, F.S., relating to tax levy; repealing s. 418.11, F.S., relating to payment of expenses and custody of funds; repealing s. 418.12, F.S., relating to duties and func-

tions of the Division of Recreation and Parks of the Department of Environmental Protection; providing an effective date.

—a companion measure, was substituted for **SB 952** and read the second time by title.

On motion by Senator Oelrich, by two-thirds vote **HB 4039** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—39

Mr. President	Fasano	Norman
Alexander	Flores	Oelrich
Altman	Gaetz	Rich
Benacquisto	Garcia	Richter
Bennett	Gardiner	Ring
Bogdanoff	Gibson	Sachs
Braynon	Hays	Simmons
Bullard	Jones	Siplin
Dean	Joyner	Smith
Detert	Latvala	Sobel
Diaz de la Portilla	Lynn	Storms
Dockery	Margolis	Thrasher
Evers	Montford	Wise

Nays—None

Vote after roll call:

Yea—Negron

CS for HB 1197—A bill to be entitled An act relating to agriculture; amending s. 163.3162, F.S.; defining the term “governmental entity”; prohibiting certain governmental entities from charging stormwater management assessments or fees on certain bona fide farm operations except under certain circumstances; providing for applicability; conforming provisions; amending s. 479.11, F.S.; conforming provisions; amending s. 570.07, F.S.; revising the powers and duties of the Department of Agricultural and Consumer Services to enforce laws and rules relating to the use of commercial stock feeds; amending s. 580.036, F.S.; authorizing the department to adopt rules establishing certain standards for regulating commercial feed or feedstuff; requiring the department to consult with the Commercial Feed Technical Council in the development of such rules; amending s. 586.02, F.S.; defining the term “apiculture” for purposes of the Florida Honey Certification and Honeybee Law; conforming provisions; creating s. 586.055, F.S.; authorizing apiaries to be located on certain lands; amending s. 586.10, F.S.; providing for preemption to the state of authority to regulate, inspect, and permit managed honeybee colonies; providing that certain local government ordinances are superseded; revising the powers and duties of the Department of Agriculture and Consumer Services relating to honey certification and honeybees; requiring the department to adopt rules and, before adopting certain rules, consult with local governments and other affected stakeholders; amending s. 599.004, F.S.; revising qualifications for a certified Florida Farm Winery; reenacting s. 561.24(5), F.S., relating to limitations on the issuance of wine distributor licenses and exporter registrations, to incorporate changes made by the act to s. 599.004, F.S., in a reference thereto; amending s. 604.50, F.S.; defining the term “farm sign”; providing an exemption from the Florida Building Code for farm signs; prohibiting farm signs located on public roads from violating certain standards; limiting the authority of local governments to enforce certain requirements with respect to farm signs; amending s. 823.14, F.S.; revising definitions relating to the Florida Right to Farm Act; limiting the conditions under which apiculture or the placement of apiaries may be deemed public or private nuisances; limiting the authority of local governments to regulate apiculture and the placement of apiaries on agricultural land; reenacting ss. 163.3163(3)(b), 193.461(5), 403.9337(4), 570.961(4), and 812.015(1)(g), F.S., relating to agricultural lands and practices, the Agricultural Land Acknowledgement Act, the classification and tax assessment of agricultural lands, an exemption from certain provisions related to the Model Ordinance for Florida-Friendly Fertilizer Use on Urban Landscapes, provisions related to the promotion of agritourism, and penalties for retail or

farm theft, respectively, to incorporate amendments made by the act to s. 823.14, F.S., in references thereto; providing an effective date.

—as amended March 5 was read the third time by title.

MOTION

On motion by Senator Bogdanoff, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Bogdanoff moved the following amendment which was adopted by two-thirds vote:

Amendment 3 (303390) (with title amendment)—Between lines 459 and 460 insert:

Section 17. *Section 828.161, Florida Statutes, is repealed.*

And the title is amended as follows:

Delete line 61 and insert: 823.14, F.S.; in references thereto; repealing s. 828.161, F.S., relating to the prohibition of artificial dying or coloring of certain animals or fowl; providing an

On motion by Senator Hays, **CS for HB 1197** as amended was passed and certified to the House. The vote on passage was:

Yeas—38

Mr. President	Flores	Oelrich
Alexander	Gaetz	Rich
Altman	Garcia	Richter
Benacquisto	Gardiner	Ring
Bennett	Gibson	Sachs
Bogdanoff	Hays	Simmons
Braynon	Jones	Siplin
Dean	Joyner	Smith
Detert	Latvala	Sobel
Diaz de la Portilla	Lynn	Storms
Dockery	Margolis	Thrasher
Evers	Montford	Wise
Fasano	Norman	

Nays—1

Bullard

Vote after roll call:

Yea—Negron

By direction of the President, the rules were waived and the Senate proceeded to—

SPECIAL ORDER CALENDAR

Consideration of **CS for CS for SB 1860** was deferred.

SB 170—A bill to be entitled An act relating to the transfer of tax liability; amending s. 213.758, F.S.; providing definitions; revising provisions relating to tax liability when a person transfers or quits a business; providing that the transfer of the assets of a business or stock of goods of a business under certain circumstances is considered a transfer of the business; requiring the Department of Revenue to provide certain notification to a business before a circuit court temporarily enjoins business activity by that business; providing that transferees of the business are liable for certain taxes unless specified conditions are met; requiring the department to conduct certain audits relating to the tax liability of transferors and transferees of a business within a specified time period; requiring certain notification by the Department of Revenue to a transferee before a circuit court enjoins business activity in an action brought by the Department of Legal Affairs seeking an injunction; specifying a transferor and transferee of the assets of a business are jointly and severally liable for certain tax payments up to a specified maximum

amount; specifying the maximum liability of a transferee; providing methods for calculating the fair market value or total purchase price of specified business transfers to determine maximum tax liability of transferees; excluding certain transferees from tax liability when the transfer consists only of specified assets; amending s. 213.053, F.S.; authorizing the Department of Revenue to provide certain tax information to a transferee against whom tax liability is being asserted pursuant to s. 213.758, F.S.; repealing s. 202.31, F.S., relating to the tax liability and criminal liability of dealers of communications services who make certain transfers related to a communications services business; repealing s. 212.10, F.S., relating to a dealer's tax liability and criminal liability for sales tax when certain transfers of a business occur; providing an effective date.

—was read the second time by title.

Pending further consideration of **SB 170**, on motion by Senator Altman, by two-thirds vote **HB 103** was withdrawn from the Committees on Community Affairs; Commerce and Tourism; Budget Subcommittee on Finance and Tax; and Budget

On motion by Senator Altman—

HB 103—A bill to be entitled An act relating to the transfer of tax liability; amending s. 213.758, F.S.; providing definitions; revising provisions relating to tax liability when a person transfers or quits a business; providing that the transfer of the assets of a business or stock of goods of a business under certain circumstances is considered a transfer of the business; requiring the Department of Revenue to provide certain notification to a business before a circuit court shall temporarily enjoin business activity by that business; providing that transferees of the business are liable for certain taxes unless specified conditions are met; requiring the department to conduct certain audits relating to the tax liability of transferors and transferees of a business within a specified time period; requiring certain notification by the Department of Revenue to a transferee before a circuit court shall enjoin business activity in an action brought by the Department of Legal Affairs seeking an injunction; specifying a transferor and transferee of the assets of a business are jointly and severally liable for certain tax payments up to a specified maximum amount; specifying the maximum liability of a transferee; providing methods for calculating the fair market value or total purchase price of specified business transfers to determine maximum tax liability of transferees; excluding certain transferees from tax liability when the transfer consists only of specified assets; amending s. 213.053, F.S.; authorizing the Department of Revenue to provide certain tax information to a transferee against whom tax liability is being asserted pursuant to s. 213.758, F.S.; repealing s. 202.31, F.S., relating to the tax liability and criminal liability of dealers of communications services who make certain transfers related to a communications services business; repealing s. 212.10, F.S., relating to a dealer's tax liability and criminal liability for sales tax when certain transfers of a business occur; providing an effective date.

—a companion measure, was substituted for **SB 170** and read the second time by title.

Pursuant to Rule 4.19, **HB 103** was placed on the calendar of Bills on Third Reading.

By direction of the President, the rules were waived and the Senate reverted to—

BILLS ON THIRD READING

CS for HB 7041—A bill to be entitled An act relating to governmental reorganization; amending s. 20.60, F.S.; establishing the Division of Information Technology within the Department of Economic Opportunity; establishing additional duties of the department with respect to the processing of state development approvals or permits; amending ss. 68.096, 68.105, 159.81, 163.2517, 163.2523, 163.3178, 163.3191, 163.3204, 163.3221, 163.3246, 163.3247, 163.336, 163.458, 163.460, 163.461, 163.462, 163.5055, 163.506, 163.508, 163.511, 163.512, 212.096, 213.053, 215.55865, 218.411, 220.153, 220.183, 220.194, 258.501, 259.042, 259.101, 282.201, 288.021, 288.1045, 288.106, 288.108, 288.1083, 288.1089, 288.1097, 288.11621, 288.1168, 288.1171, 288.1254, 288.714, 288.7102, 288.987, 290.0055, 290.0065, 290.00726, 290.00727,

290.00728, 311.09, 320.08058, 339.135, 342.201, 373.461, 377.703, 377.809, 380.06, 402.56, 403.0891, 420.503, 420.507, 420.101, 420.0005, 420.0006, 443.036, 443.091, 443.111, 443.141, 443.1715, 443.17161, 446.50, 450.261, 509.032, 624.5105, 1002.75, and 1002.79, F.S.; correcting references to agency names and divisions and correcting cross-references to conform to the governmental reorganization resulting from the enactment of chapter 2011-142, Laws of Florida; making technical and grammatical changes; amending s. 163.3178, F.S.; deleting provisions that encourage local governments to adopt countywide marina siting plans and use uniform criteria and standards for marina siting; conforming a cross-reference; amending s. 259.035, F.S.; correcting a reference to the number of members of the Acquisition and Restoration Council; amending s. 288.12265, F.S.; authorizing Enterprise Florida, Inc., to contract with the Florida Tourism Industry Marketing Corporation for management and operation of welcome centers; amending s. 288.901, F.S.; revising the membership of the board of directors of Enterprise Florida, Inc.; limiting the requirement that members of the board of directors be confirmed by the Senate to those members who are appointed by the Governor; amending s. 288.980, F.S.; replacing an obsolete reference to the former Office of Tourism, Trade, and Economic Development; correcting the number of grant programs relating to Florida Economic Reinvestment Initiative; amending s. 331.3081, F.S.; revising the membership of the board of directors of Space Florida; providing for designation of the chair of the board of directors; deleting provisions establishing the Space Florida advisory council; repealing s. 163.03, F.S., relating to the powers and duties of the Secretary of Community Affairs and functions of Department of Community Affairs with respect to federal grant-in-aid programs; repealing s. 379.2353, F.S., relating to the designation of enterprise zones in communities suffering adverse impacts from the adoption of the constitutional amendment limiting the use of nets to harvest marine species; providing an effective date.

—was read the third time by title.

On motion by Senator Detert, **CS for HB 7041** was passed and certified to the House. The vote on passage was:

Yeas—39

Mr. President	Fasano	Norman
Alexander	Flores	Oelrich
Altman	Gaetz	Rich
Benacquisto	Garcia	Richter
Bennett	Gardiner	Ring
Bogdanoff	Gibson	Sachs
Braynon	Hays	Simmons
Bullard	Jones	Siplin
Dean	Joyner	Smith
Detert	Latvala	Sobel
Diaz de la Portilla	Lynn	Storms
Dockery	Margolis	Thrasher
Evers	Montford	Wise

Nays—None

Vote after roll call:

Yea—Negron

HB 4139—A bill to be entitled An act relating to the repeal of health insurance provisions; amending s. 627.64872, F.S.; deleting a requirement that the Florida Health Insurance Plan's board of directors annually report to the Governor and the Legislature concerning the Florida Health Insurance Plan; deleting redundant language making the implementation of the plan by the board contingent upon certain appropriations; amending s. 627.6699, F.S.; deleting a requirement that the Office of Insurance Regulation of the Department of Financial Services annually report to the Governor and the Legislature concerning the Small Employers Access Program; providing an effective date.

—was read the third time by title.

On motion by Senator Garcia, **HB 4139** was passed and certified to the House. The vote on passage was:

Yeas—39

Mr. President	Fasano	Norman
Alexander	Flores	Oelrich
Altman	Gaetz	Rich
Benacquisto	Garcia	Richter
Bennett	Gardiner	Ring
Bogdanoff	Gibson	Sachs
Braynon	Hays	Simmons
Bullard	Jones	Siplin
Dean	Joyner	Smith
Detert	Latvala	Sobel
Diaz de la Portilla	Lynn	Storms
Dockery	Margolis	Thrasher
Evers	Montford	Wise

Nays—None

Vote after roll call:

Yea—Negron

CS for SB 1230—A bill to be entitled An act relating to a review under the Open Government Sunset Review Act; amending s. 624.23, F.S., which provides a public records exemption for certain records relating to consumer complaints and inquiries regarding matters or activities regulated under the Florida Insurance Code or the Employee Assistance and Ombudsman Office within the Department of Financial Services; reorganizing the definition of “consumer”; providing exceptions to the exemption; eliminating the scheduled repeal of the exemption under the Open Government Sunset Review Act; providing an effective date.

—was read the third time by title.

Pending further consideration of **CS for SB 1230**, on motion by Senator Richter, by two-thirds vote **HB 7107** was withdrawn from the Committees on Banking and Insurance; and Governmental Oversight and Accountability.

On motion by Senator Richter, by two-thirds vote—

HB 7107—A bill to be entitled An act relating to a review under the Open Government Sunset Review Act; amending s. 624.23, F.S., which provides a public records exemption for certain records relating to consumer complaints and inquiries regarding matters or activities regulated under the Florida Insurance Code or the Employee Assistance and Ombudsman Office within the Department of Financial Services; reorganizing the definition of “consumer”; providing an additional exception to the exemption; eliminating the scheduled repeal of the exemption under the Open Government Sunset Review Act; providing an effective date.

—a companion measure, was substituted for **CS for SB 1230** and read the second time by title.

On motion by Senator Richter, by two-thirds vote **HB 7107** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—39

Mr. President	Evers	Margolis
Alexander	Fasano	Montford
Altman	Flores	Norman
Benacquisto	Gaetz	Oelrich
Bennett	Garcia	Rich
Bogdanoff	Gardiner	Richter
Braynon	Gibson	Ring
Bullard	Hays	Sachs
Dean	Jones	Simmons
Detert	Joyner	Siplin
Diaz de la Portilla	Latvala	Smith
Dockery	Lynn	Sobel

Storms

Thrasher

Wise

Nays—None

Vote after roll call:

Yea—Negron

HB 4163—A bill to be entitled An act relating to continuing education for athletic trainers and massage therapists; repealing s. 456.034, F.S., relating to the requirement for athletic trainers and massage therapists to complete continuing education on the modes of transmission, infection control procedures, clinical management, and prevention of human immunodeficiency virus and acquired immune deficiency syndrome; providing an effective date.

—was read the third time by title.

On motion by Senator Benacquisto, **HB 4163** was passed and certified to the House. The vote on passage was:

Yeas—38

Mr. President	Fasano	Oelrich
Alexander	Flores	Rich
Altman	Gaetz	Richter
Benacquisto	Garcia	Ring
Bennett	Gardiner	Sachs
Bogdanoff	Gibson	Simmons
Braynon	Hays	Siplin
Bullard	Jones	Smith
Dean	Joyner	Sobel
Detert	Lynn	Storms
Diaz de la Portilla	Margolis	Thrasher
Dockery	Montford	Wise
Evers	Norman	

Nays—None

Vote after roll call:

Yea—Negron

CS for HB 7003—A bill to be entitled An act relating to environmental resource permitting; creating s. 373.4131, F.S.; requiring the Department of Environmental Protection, in coordination with the water management districts, to adopt statewide environmental resource permitting rules for activities relating to the management and storage of surface waters; providing rule requirements; preserving an exemption from causes of action under the “Bert J. Harris, Jr., Private Property Rights Protection Act”; providing an exemption from the rulemaking provisions of ch. 120, F.S., for implementation of the rules by water management districts; requiring counties, municipalities, and delegated local programs to amend ordinances and regulations within a specified timeframe to incorporate applicable rules; providing construction; requiring the department and delegated local programs to identify and reconcile certain permitting processes; providing for applicability, effect, and repeal of specified rules; authorizing water management districts to adopt and retain specified rules; authorizing the department to incorporate certain rules; providing a presumption of compliance for specified design, construction, operation, and maintenance of certain stormwater management systems; providing exemptions for specified stormwater management systems and permitted activities; requiring the department to conduct or oversee staff assessment and training; reenacting s. 70.001(12), F.S., relating the “Bert J. Harris, Jr., Private Property Rights Protection Act,” for purposes of a cross-reference in s. 373.4131, F.S.; providing an effective date.

—was read the third time by title.

On motion by Senator Detert, **CS for HB 7003** was passed and certified to the House. The vote on passage was:

Yeas—39

Mr. President	Fasano	Norman
Alexander	Flores	Oelrich
Altman	Gaetz	Rich
Benacquisto	Garcia	Richter
Bennett	Gardiner	Ring
Bogdanoff	Gibson	Sachs
Braynon	Hays	Simmons
Bullard	Jones	Siplin
Dean	Joyner	Smith
Detert	Latvala	Sobel
Diaz de la Portilla	Lynn	Storms
Dockery	Margolis	Thrasher
Evers	Montford	Wise

Nays—None

Vote after roll call:

Yea—Negron

CS for CS for HB 1193—A bill to be entitled An act relating to public records; amending ss. 741.30 and 784.046, F.S.; providing exemptions from public records requirements for personal identifying and location information of victims of domestic violence, repeat violence, sexual violence, and dating violence held by the clerks and law enforcement agencies in conjunction with the automated process developed by the association by which a petitioner may request notification of service of an injunction for protection against domestic violence, repeat violence, sexual violence, or dating violence and other court actions related to the injunction for protection; providing that the exemption is conditional upon the petitioner's request; providing specified duration of the exemption; providing for access by state or federal agencies in furtherance of the agencies' statutory duties; providing that the clerk must inform the petitioner of the right to request that the identifying and location information be held exempt from public records requirements; providing for future legislative review and repeal of the exemptions; providing a statement of public necessity; providing an effective date.

—was read the third time by title.

On motion by Senator Joyner, **CS for CS for HB 1193** was passed by the required constitutional two-thirds vote of the members present and certified to the House. The vote on passage was:

Yeas—39

Mr. President	Fasano	Norman
Alexander	Flores	Oelrich
Altman	Gaetz	Rich
Benacquisto	Garcia	Richter
Bennett	Gardiner	Ring
Bogdanoff	Gibson	Sachs
Braynon	Hays	Simmons
Bullard	Jones	Siplin
Dean	Joyner	Smith
Detert	Latvala	Sobel
Diaz de la Portilla	Lynn	Storms
Dockery	Margolis	Thrasher
Evers	Montford	Wise

Nays—None

Vote after roll call:

Yea—Negron

CS for SB 1392—A bill to be entitled An act relating to transportation accessibility; amending s. 212.08, F.S.; providing a tax exemption for the sale or lease of accessible vehicles; providing a definition; providing an effective date.

—as amended March 5 was read the third time by title.

On motion by Senator Benacquisto, **CS for SB 1392** as amended was passed and certified to the House. The vote on passage was:

Yeas—39

Mr. President	Fasano	Norman
Alexander	Flores	Oelrich
Altman	Gaetz	Rich
Benacquisto	Garcia	Richter
Bennett	Gardiner	Ring
Bogdanoff	Gibson	Sachs
Braynon	Hays	Simmons
Bullard	Jones	Siplin
Dean	Joyner	Smith
Detert	Latvala	Sobel
Diaz de la Portilla	Lynn	Storms
Dockery	Margolis	Thrasher
Evers	Montford	Wise

Nays—None

Vote after roll call:

Yea—Negron

CS for CS for SB 1886—A bill to be entitled An act relating to zero tolerance for crime and victimization in schools; amending s. 1006.13, F.S.; revising legislative intent to encourage schools to address disruptive behavior through school offense protocols; requiring that each district school board adopt a policy for reporting to a law enforcement agency acts that pose a serious threat to school safety; requiring that minor incidents be diverted from the juvenile justice system and handled within the school system's disciplinary system; requiring each district school board to implement a training program for school administrators and teachers regarding the negative consequences and future effects of an arrest of a juvenile and of the existing in-school alternatives to discipline a student for committing petty acts of misconduct without involving a law enforcement agency; requiring that each district school board enter into an agreement with the county sheriff's office and local police department which includes a role for school resource officers, if applicable, to handle reported incidents that pose a serious threat to school safety; requiring the agreements to prescribe the circumstances and offenses that school officials may handle through alternatives to arrest; requiring the school principal to send an incident report when an arrest of a student under the jurisdiction of the school board is for an incident that is a serious threat to school safety; requiring that, by a specified date and annually thereafter, each school district provide its policies related to zero tolerance for crime and victimization to the Department of Education; providing an effective date.

—was read the third time by title.

On motion by Senator Wise, **CS for CS for SB 1886** was passed and certified to the House. The vote on passage was:

Yeas—39

Mr. President	Fasano	Norman
Alexander	Flores	Oelrich
Altman	Gaetz	Rich
Benacquisto	Garcia	Richter
Bennett	Gardiner	Ring
Bogdanoff	Gibson	Sachs
Braynon	Hays	Simmons
Bullard	Jones	Siplin
Dean	Joyner	Smith
Detert	Latvala	Sobel
Diaz de la Portilla	Lynn	Storms
Dockery	Margolis	Thrasher
Evers	Montford	Wise

Nays—None

Vote after roll call:

Yea—Negron

HB 7075—A bill to be entitled An act relating to military installations; amending s. 163.3175, F.S.; authorizing the Florida Defense Support Task Force to recommend to the Legislature specified changes in military installations and local governments under the Community Planning Act; clarifying and revising procedures related to exchange of information between military installations and local governments under the act; amending s. 288.972, F.S.; revising legislative intent with respect to proposed closure or reuse of military bases; amending s. 288.980, F.S.; creating the Military Base Protection Program within the Department of Economic Opportunity; providing for use of program funds; revising provisions relating to the award of grants for retention of military installations; revising a definition; eliminating the Florida Economic Reinvestment Initiative; establishing the Florida Defense Reinvestment Grant Program to be administered by the Department of Economic Opportunity; specifying purposes of the program; specifying activities for which grant awards may be provided; eliminating the Defense-Related Business Adjustment Program, the Florida Defense Planning Grant Program, the Florida Defense Implementation Grant Program, the Florida Military Installation Reuse Planning and Marketing Grant Program, and the Retention of Military Installations Program; transferring and reassigning the functions and responsibilities of the Florida Council on Military Base and Mission Support within the Department of Economic Opportunity to the Florida Defense Support Task Force within the Department of Economic Opportunity by type two transfer; repealing s. 288.984, F.S., which establishes the Florida Council on Military Base and Mission Support and provides purposes thereof; amending s. 288.985, F.S.; conforming provisions relating to exempt records and meetings of the Council on Military Base and Mission Support; amending s. 288.987, F.S.; revising provisions relating to the Florida Defense Support Task Force, to conform; providing an effective date.

—as amended March 5 was read the third time by title.

On motion by Senator Altman, **HB 7075** as amended was passed and certified to the House. The vote on passage was:

Yeas—38

Mr. President	Fasano	Norman
Alexander	Flores	Oelrich
Altman	Gaetz	Rich
Benacquisto	Garcia	Richter
Bennett	Gardiner	Ring
Bogdanoff	Gibson	Sachs
Braynon	Hays	Simmons
Bullard	Jones	Siplin
Dean	Joyner	Sobel
Detert	Latvala	Storms
Diaz de la Portilla	Lynn	Thrasher
Dockery	Margolis	Wise
Evers	Montford	

Nays—1

Smith

Vote after roll call:

Yea—Negron

HB 7121—A bill to be entitled An act relating to ratification of rules; ratifying a specified rule for the sole and exclusive purpose of satisfying any condition on effectiveness pursuant to s. 120.541(3), F.S., which requires ratification of any rule meeting any of specified thresholds for likely adverse impact or increase in regulatory costs; providing an effective date.

—was read the third time by title.

On motion by Senator Detert, **HB 7121** was passed and certified to the House. The vote on passage was:

Yeas—39

Mr. President	Fasano	Norman
Alexander	Flores	Oelrich
Altman	Gaetz	Rich
Benacquisto	Garcia	Richter
Bennett	Gardiner	Ring
Bogdanoff	Gibson	Sachs
Braynon	Hays	Simmons
Bullard	Jones	Siplin
Dean	Joyner	Smith
Detert	Latvala	Sobel
Diaz de la Portilla	Lynn	Storms
Dockery	Margolis	Thrasher
Evers	Montford	Wise

Nays—None

Vote after roll call:

Yea—Negron

SPECIAL ORDER CALENDAR

CS for CS for SB 320—A bill to be entitled An act relating to background screening; amending s. 394.4572, F.S.; providing that mental health personnel working in a facility licensed under ch. 395, F.S., who work on an intermittent basis for less than 15 hours per week of direct, face-to-face contact with patients are exempt from the fingerprinting and screening requirements under certain conditions; providing an exception; amending s. 408.809, F.S.; providing additional conditions for a person to satisfy screening requirements; eliminating a rule that requires the Agency for Health Care Administration to stagger rescreening schedules; providing a rescreening schedule; amending s. 409.1757, F.S.; adding law enforcement officers who have a good moral character to the list of professionals who are not required to be reprinted or rescreened; amending s. 409.221, F.S.; revising provisions relating to background screening for persons rendering care in the consumer-directed care program; amending s. 413.20, F.S., relating to general vocational rehabilitation programs; providing a definition; amending s. 413.208, F.S.; requiring registration of service providers; requiring background screening and rescreening of certain persons having contact with vulnerable persons; providing exemptions from background screening; providing disqualifying offenses; providing that the cost of screening shall be borne by the provider or the person being screened; providing conditions for the denial of registration; providing for notice of denial or termination; requiring providers to remove persons who have not successfully passed screening; providing for applicability; amending s. 430.0402, F.S.; including a person who has access to a client's personal identification information within the definition of the term "direct service provider"; exempting certain professionals licensed by the Department of Health, attorneys in good standing, relatives of clients, and volunteers who assist on an intermittent basis for less than 20 hours per month from level 2 background screening; excepting certain licensed professionals and persons screened as a licensure requirement from further screening under certain circumstances; requiring direct service providers working as of a certain date to be screened within a specified period; providing a phase-in for screening direct service providers; requiring that employers of direct service providers and certain other individuals be rescreened every 5 years unless fingerprints are retained electronically by the Department of Law Enforcement; removing an offense from the list of disqualifying offenses for purposes of background screening; amending s. 435.02, F.S.; revising and providing definitions relating to employment screening; amending s. 435.04, F.S.; requiring vendors who submit fingerprints on behalf of employers to meet specified criteria; amending s. 435.06, F.S.; authorizing an employer to hire an employee to a position that otherwise requires background screening before the completion of the screening process for the purpose of training the employee; prohibiting the employee from having direct contact with vulnerable persons until the screening process is complete; creating s. 435.12, F.S.; creating the Care Provider Background Screening Clearinghouse under the Agency for Health Care Administration, in consultation with the Department of Law Enforcement; providing rule-

making authority; providing for the implementation and operation of the clearinghouse; providing for the results of certain criminal history checks to be shared among specified agencies; providing for retention of fingerprints; providing for the registration of employers; providing an exemption for certain employees who have undergone a criminal history check before the clearinghouse is operational; creating s. 456.0135, F.S.; requiring an application for initial licensure in a profession regulated by the Department of Health to include fingerprints submitted by an approved vendor after a specified date; providing procedures and conditions for retention of fingerprints; requiring the applicant to pay the costs of fingerprint processing; amending s. 464.203, F.S.; requiring the Board of Nursing to waive background screening requirements for certain certified nursing assistants; amending s. 943.05, F.S.; providing procedures for qualified entities participating in the Criminal Justice Information Program that elect to participate in the fingerprint retention and search process; providing for the imposition of fees for processing fingerprints; authorizing the Department of Law Enforcement to exclude certain entities from participation for failure to timely remit fingerprint processing fees; amending s. 943.053, F.S.; providing procedures for the submission of fingerprints by private vendors, private entities, and public agencies for certain criminal history checks; requiring the vendor, entity, or agency to enter into an agreement with the Department of Law Enforcement specifying standards for electronic submission of fingerprints; exempting specified criminal justice agencies from the requirement for an agreement; providing procedures for the vendor, entity, or agency to collect certain fees and to remit those fees to the Department of Law Enforcement; authorizing the Department of Law Enforcement to exclude certain entities from participation for failure to timely remit fingerprint processing fees; amending s. 943.0585, F.S.; revising provisions relating to the court-ordered expunction of criminal history records; amending s. 943.059, F.S.; revising provisions relating to the court-ordered sealing of criminal history records; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for CS for SB 320**, on motion by Senator Storms, by two-thirds vote **CS for CS for CS for HB 943** was withdrawn from the Committees on Children, Families, and Elder Affairs; Budget Subcommittee on Health and Human Services Appropriations; and Budget.

On motion by Senator Storms—

CS for CS for CS for HB 943—A bill to be entitled An act relating to background screening; amending s. 394.4572, F.S.; providing that mental health personnel working in a facility licensed under ch. 395, F.S., who work on an intermittent basis for less than 15 hours per week of direct, face-to-face contact with patients are exempt from the fingerprinting and screening requirements under certain conditions; providing an exception; amending s. 408.809, F.S.; providing additional conditions for a person to satisfy screening requirements; eliminating a rule that requires the Agency for Health Care Administration to stagger rescreening schedules; providing a rescreening schedule; amending s. 409.1757, F.S.; adding law enforcement officers who have a good moral character to the list of professionals who are not required to be re-fingerprinted or rescreened; amending s. 409.221, F.S.; revising provisions relating to background screening for persons rendering care in the consumer-directed care program; amending s. 413.20, F.S., relating to general vocational rehabilitation programs; defining the term “service provider”; amending s. 413.208, F.S.; requiring registration of service providers; requiring background screening and rescreening of certain persons having contact with vulnerable persons; providing exemptions from background screening; providing disqualifying offenses; providing that the cost of screening shall be borne by the provider or the person being screened; providing conditions for the denial, suspension, termination, or revocation of registration or other agreements; providing for notice of denial, suspension, termination, or revocation; providing applicability; amending s. 430.0402, F.S.; including a person who has access to a client’s personal identification information within the definition of the term “direct service provider”; exempting certain professionals licensed by the Department of Health, attorneys in good standing, relatives of clients, and volunteers who assist on an intermittent basis for less than 20 hours per month from level 2 background screening; exempting certain licensed professionals and persons screened as a licensure requirement from further screening under certain circumstances; requiring direct service providers working as of a certain date to be screened within a specified period; providing a phase-in for screening

direct service providers; requiring that employers of direct service providers and certain other individuals be rescreened every 5 years unless fingerprints are retained electronically by the Department of Law Enforcement; removing an offense from the list of disqualifying offenses for purposes of background screening; amending s. 435.02, F.S.; revising and providing definitions relating to employment screening; amending s. 435.04, F.S.; requiring vendors who submit fingerprints on behalf of employers to meet specified criteria; amending s. 435.06, F.S.; authorizing an employer to hire an employee to a position that otherwise requires background screening before the completion of the screening process for the purpose of training the employee; prohibiting the employee from having direct contact with vulnerable persons until the screening process is complete; creating s. 435.12, F.S.; creating the Care Provider Background Screening Clearinghouse under the Agency for Health Care Administration, in consultation with the Department of Law Enforcement; providing rulemaking authority; providing for the implementation and operation of the clearinghouse; providing for the results of certain criminal history checks to be shared among specified agencies; providing for retention of fingerprints; providing for the registration of employers; providing an exemption for certain employees who have undergone a criminal history check before the clearinghouse is operational; creating s. 456.0135, F.S.; requiring an application for initial licensure in a profession regulated by the Department of Health to include fingerprints submitted by an approved vendor after a specified date; providing procedures and conditions for retention of fingerprints; requiring the applicant to pay the costs of fingerprint processing; amending s. 464.203, F.S.; requiring the Board of Nursing to waive background screening requirements for certain certified nursing assistants; amending s. 943.05, F.S.; providing procedures for qualified entities participating in the Criminal Justice Information Program that elect to participate in the fingerprint retention and search process; providing for the imposition of fees for processing fingerprints; authorizing the Department of Law Enforcement to exclude certain entities from participation for failure to timely remit fingerprint processing fees; amending s. 943.053, F.S.; providing procedures for the submission of fingerprints by private vendors, private entities, and public agencies for certain criminal history checks; requiring the vendor, entity, or agency to enter into an agreement with the Department of Law Enforcement specifying standards for electronic submission of fingerprints; exempting specified criminal justice agencies from the requirement for an agreement; providing procedures for the vendor, entity, or agency to collect certain fees and to remit those fees to the Department of Law Enforcement; authorizing the Department of Law Enforcement to exclude certain entities from participation for failure to timely remit fingerprint processing fees; amending s. 943.0585, F.S.; revising provisions relating to the court-ordered expunction of criminal history records; amending s. 943.059, F.S.; revising provisions relating to the court-ordered sealing of criminal history records; providing an effective date.

—a companion measure, was substituted for **CS for CS for SB 320** and read the second time by title.

Pursuant to Rule 4.19, **CS for CS for CS for HB 943** was placed on the calendar of Bills on Third Reading.

CS for SB 616—A bill to be entitled An act relating to biomedical research; amending s. 20.435, F.S.; revising the number of years that the balance of an appropriation from the Biomedical Research Trust Fund may be carried forward following the effective date of the original appropriation; amending s. 215.5602, F.S.; revising a reference to an affiliate chapter of the American Heart Association; revising the terms of appointment for certain members of the Biomedical Research Advisory Council within the Department of Health; revising the responsibilities of the council; requiring that the department, rather than the State Surgeon General, in consultation with the council, appoint a peer review panel of independent, scientifically qualified individuals to review the scientific merit of each proposal and establish its scientific priority score under the James and Esther King Biomedical Research Program; providing that certain types of applications may be considered for funding by the James and Esther King Biomedical Research Program; deleting a provision that subjects meetings of the council and peer review panels to public records and public meetings requirements; providing that grant programs under the purview of the advisory council are exempt from rulemaking authority; requiring that the council submit an annual progress report for each fiscal year on programs under its purview to certain entities by a specified date; revising the required content of the

report; amending s. 381.855, F.S.; specifying the name of an affiliate chapter of the American Heart Association as it relates to the membership of the advisory council within the Florida Center for Universal Research to Eradicate Disease; amending s. 381.922, F.S.; requiring that the department, rather than the State Surgeon General, in consultation with the council, appoint a peer review panel of independent, scientifically qualified individuals award grants under the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program; providing that certain types of applications may be considered for funding in the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program; requiring that the department, rather than the State Surgeon General, without the consultation of the council, appoint a peer review panel of independent, scientifically qualified individuals to review the scientific merit of each proposal for research funding and establish its priority score; deleting a provision that subjects meetings of the council and peer review panels to public records and public meetings requirements; deleting the requirement that the department submit to the Governor and the Legislature a report that indicates progress toward the program's mission and makes recommendations that further its purpose; providing an effective date.

—was read the second time by title.

An amendment was considered and adopted to conform **CS for SB 616** to **CS for HB 655**.

SENATOR GAETZ PRESIDING

Pending further consideration of **CS for SB 616** as amended, on motion by Senator Flores, by two-thirds vote **CS for HB 655** was withdrawn from the Committees on Health Regulation; Governmental Oversight and Accountability; Budget Subcommittee on Health and Human Services Appropriations; and Budget.

On motion by Senator Flores—

CS for HB 655—A bill to be entitled An act relating to biomedical research; amending s. 20.435, F.S.; extending the period during which certain expenditures may be made from the Biomedical Research Trust Fund; amending s. 215.5602, F.S., relating to James and Esther King Biomedical Research Program; revising the composition, terms, and duties of the Biomedical Research Advisory Council; providing that certain types of applications may, rather than shall, be considered for funding under the program; exempting grant programs under the purview of the council from ch. 120, F.S.; requiring the council to submit a progress report and specifying contents thereof; revising provisions relating to appointment, duties, and meetings of peer review panels; amending s. 381.922, F.S., relating to William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program; revising provisions relating to the awarding of grants; providing that certain types of applications may, rather than shall, be considered for funding under the program; revising provisions relating to appointment, duties, and meetings of peer review panels; removing a requirement for a report to the Governor and the Legislature; amending s. 381.855, F.S., relating to Florida Center for Universal Research to Eradicate Disease; revising composition of an advisory council; providing an effective date.

—a companion measure, was substituted for **CS for SB 616** as amended and read the second time by title.

Pursuant to Rule 4.19, **CS for HB 655** was placed on the calendar of Bills on Third Reading.

CS for SB 782—A bill to be entitled An act relating to the Florida Evidence Code; amending s. 90.804, F.S.; providing that a statement offered against a party that wrongfully caused the declarant's unavailability is not excluded as hearsay; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for SB 782**, on motion by Senator Bennett, by two-thirds vote **CS for HB 701** was withdrawn from the Committees on Judiciary; and Military Affairs, Space, and Domestic Security.

On motion by Senator Bennett—

CS for HB 701—A bill to be entitled An act relating to the Florida Evidence Code; amending s. 90.804, F.S.; providing that a statement offered against a party that wrongfully caused the declarant's unavailability is not excluded as hearsay; providing an effective date.

—a companion measure, was substituted for **CS for SB 782** and read the second time by title.

Senator Bogdanoff moved the following amendment which was adopted:

Amendment 1 (653972) (with title amendment)—Between lines 20 and 21 insert:

Section 2. Section 90.4023, Florida Statutes, is created to read:

90.4023 Admissibility of evidence obtained from a cellular telephone.—Except when permitted by s. 12, Art. I of the State Constitution or with the written permission by the owner of the device, evidence obtained through the warrantless search of a cellular telephone or other electronic device is inadmissible.

And the title is amended as follows:

Delete line 5 and insert: unavailability is not excluded as hearsay; creating s. 90.4023, F.S.; providing that, except under certain specified circumstances, evidence obtained through the warrantless search of a cellular telephone or other electronic device is inadmissible in a court of law; providing

Pursuant to Rule 4.19, **CS for HB 701** as amended was placed on the calendar of Bills on Third Reading.

RECONSIDERATION OF BILL

On motion by Senator Rich, the Senate reconsidered the vote by which—

CS for HB 1197—A bill to be entitled An act relating to agriculture; amending s. 163.3162, F.S.; defining the term "governmental entity"; prohibiting certain governmental entities from charging stormwater management assessments or fees on certain bona fide farm operations except under certain circumstances; providing for applicability; conforming provisions; amending s. 479.11, F.S.; conforming provisions; amending s. 570.07, F.S.; revising the powers and duties of the Department of Agricultural and Consumer Services to enforce laws and rules relating to the use of commercial stock feeds; amending s. 580.036, F.S.; authorizing the department to adopt rules establishing certain standards for regulating commercial feed or feedstuff; requiring the department to consult with the Commercial Feed Technical Council in the development of such rules; amending s. 586.02, F.S.; defining the term "apiculture" for purposes of the Florida Honey Certification and Honeybee Law; conforming provisions; creating s. 586.055, F.S.; authorizing apiaries to be located on certain lands; amending s. 586.10, F.S.; providing for preemption to the state of authority to regulate, inspect, and permit managed honeybee colonies; providing that certain local government ordinances are superseded; revising the powers and duties of the Department of Agriculture and Consumer Services relating to honey certification and honeybees; requiring the department to adopt rules and, before adopting certain rules, consult with local governments and other affected stakeholders; amending s. 599.004, F.S.; revising qualifications for a certified Florida Farm Winery; reenacting s. 561.24(5), F.S., relating to limitations on the issuance of wine distributor licenses and exporter registrations, to incorporate changes made by the act to s. 599.004, F.S., in a reference thereto; amending s. 604.50, F.S.; defining the term "farm sign"; providing an exemption from the Florida Building Code for farm signs; prohibiting farm signs located on public roads from violating certain standards; limiting the authority of local governments to enforce certain requirements with respect to farm signs; amending s. 823.14, F.S.; revising definitions relating to the Florida Right to Farm Act; limiting the conditions under which apiculture or the placement of apiaries may be deemed public or private nuisances; limiting the authority of local governments to regulate apiculture and the placement of apiaries on agricultural land; reenacting ss. 163.3163(3)(b), 193.461(5), 403.9337(4), 570.961(4), and 812.015(1)(g), F.S., relating to agricultural lands and practices, the Agricultural Land Acknowledgement Act, the classification and tax assessment of agricultural

lands, an exemption from certain provisions related to the Model Ordinance for Florida-Friendly Fertilizer Use on Urban Landscapes, provisions related to the promotion of agritourism, and penalties for retail or farm theft, respectively, to incorporate amendments made by the act to s. 823.14, F.S., in references thereto; providing an effective date.

—as amended passed this day.

On motion by Senator Rich, further consideration of **CS for HB 1197** as amended was deferred.

CS for CS for SB 804—A bill to be entitled An act relating to fish and wildlife conservation; amending s. 320.08058, F.S.; revising the distribution of the Florida panther license plate annual use fee by removing the Florida Communities Trust Fund as a recipient; amending s. 379.208, F.S.; changing a funding source of the Marine Resources Conservation Trust Fund from excise taxes to vessel registration fees; removing the provision requiring that undistributed funds be carried over to the next fiscal year; repealing s. 379.2342(2), F.S., relating to the publication of the Florida Wildlife Magazine and the Florida Wildlife Magazine Advisory Council; amending s. 379.354, F.S.; exempting a scuba diver who is engaged in taking or attempting to take saltwater products from having an individual fishing license if the operator of a vessel carrying the scuba diver meets certain conditions; amending s. 379.3581, F.S.; deleting provisions that restrict the special authorization to hunt under supervision to 1 year and that prohibit issuing the special authorization to the same person more than once; amending s. 379.366, F.S.; reducing the fee for soft-shell blue crab endorsements; amending s. 380.511, F.S.; conforming a reference to changes made by the act; amending s. 921.0022, F.S.; adding to the offense severity ranking chart, to be used with the Criminal Punishment Code for sentence score, willful molestation of a commercial harvester's spiny lobster trap, line, or buoy or the unauthorized possession or removal of trap contents or trap gear; providing effective dates.

—was read the second time by title.

Pending further consideration of **CS for CS for SB 804**, on motion by Senator Dean, by two-thirds vote **CS for HB 7025** was withdrawn from the Committees on Environmental Preservation and Conservation; Criminal Justice; Budget Subcommittee on General Government Appropriations; and Budget.

On motion by Senator Dean—

CS for HB 7025—A bill to be entitled An act relating to the Fish and Wildlife Conservation Commission; amending s. 320.08058, F.S.; revising requirements for the distribution of the Florida panther license plate annual use fee; amending s. 379.208, F.S.; revising a funding source of the Marine Resources Conservation Trust Fund from excise taxes to vessel registration fees; eliminating a requirement that undistributed funds be carried over to the next fiscal year; amending s. 379.2342, F.S.; deleting requirements relating to the publication of the Florida Wildlife Magazine and the creation of the Florida Wildlife Magazine Advisory Council; amending s. 379.354, F.S.; providing conditions under which scuba divers engaging in taking or attempting to take saltwater products are exempt from certain license and permit requirements; amending s. 379.3581, F.S.; removing a limitation for the duration and frequency of issuance of a special authorization for supervised hunting; amending s. 379.366, F.S.; reducing the fee amount for a soft-shell blue crab endorsement; amending s. 380.511, F.S.; revising a cross-reference to conform to changes made by the act; amending s. 921.0022, F.S.; adding certain spiny lobster trap violations to the offense severity ranking chart of the Criminal Punishment Code; providing effective dates.

—a companion measure, was substituted for **CS for CS for SB 804** and read the second time by title.

Pursuant to Rule 4.19, **CS for HB 7025** was placed on the calendar of Bills on Third Reading.

CS for SB 850—A bill to be entitled An act relating to pharmacy; amending s. 465.189, F.S.; revising the types of vaccines that pharmacists may administer under certain circumstances; authorizing pharmacists to administer an influenza vaccine, an epinephrine autoinjection, or a shingles vaccine within the framework of an established

protocol under certain circumstances; amending s. 465.003, F.S.; revising the definition of the term “practice of the profession of pharmacy” to conform to changes made by the act; amending s. 465.009, F.S.; revising continuing professional pharmaceutical educational requirements with respect to administering such vaccines or autoinjection; providing effective dates.

—was read the second time by title.

Pending further consideration of **CS for SB 850**, on motion by Senator Oelrich, by two-thirds vote **CS for CS for HB 509** was withdrawn from the Committees on Health Regulation; Budget Subcommittee on Health and Human Services Appropriations; and Budget.

On motion by Senator Oelrich—

CS for CS for HB 509—A bill to be entitled An act relating to pharmacy; amending s. 465.189, F.S.; revising the types of vaccines that pharmacists may administer under certain circumstances; authorizing pharmacists to administer a vaccine or epinephrine autoinjection within the framework of an established protocol; amending s. 465.003, F.S.; conforming terminology; amending s. 465.009, F.S.; revising continuing professional pharmaceutical educational requirements with respect to administering such vaccines or autoinjection; providing effective dates.

—a companion measure, was substituted for **CS for SB 850** and read the second time by title.

Pursuant to Rule 4.19, **CS for CS for HB 509** was placed on the calendar of Bills on Third Reading.

CS for SB 880—A bill to be entitled An act relating to state investments; amending s. 215.47, F.S.; increasing the amount of money that may be invested in alternative investments by the State Board of Administration; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for SB 880**, on motion by Senator Ring, by two-thirds vote **CS for HB 1417** was withdrawn from the Committees on Governmental Oversight and Accountability; and Budget.

On motion by Senator Ring—

CS for HB 1417—A bill to be entitled An act relating to state investments; amending s. 215.47, F.S.; increasing the amount of money that may be invested in alternative investments by the State Board of Administration; providing an effective date.

—a companion measure, was substituted for **CS for SB 880** and read the second time by title.

Pursuant to Rule 4.19, **CS for HB 1417** was placed on the calendar of Bills on Third Reading.

Consideration of **CS for CS for SB 1172** and **CS for CS for SB 1316** was deferred.

CS for CS for SB 1502—A bill to be entitled An act relating to controlled substances; amending s. 893.03, F.S.; adding to the list of Schedule I controlled substances certain specified materials, compounds, mixtures, or preparations that contain hallucinogenic substances or that contain any of these substances' salts, isomers, and salts of isomers, if the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation; reenacting ss. 893.13(1)-(6) and 921.0022(3)(b)-(e), F.S., relating to prohibited acts involving controlled substances and the Criminal Punishment Code, respectively, to incorporate the amendments made to s. 893.03, F.S., in references thereto; amending s. 893.13, F.S.; providing that it is a misdemeanor of the first degree to possess specified amounts of certain synthetic cannabinoids in nonpowdered form; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for CS for SB 1502**, on motion by Senator Evers, by two-thirds vote **CS for CS for HB 1175** was withdrawn from the Committees on Criminal Justice; Health Regulation; Budget Subcommittee on Criminal and Civil Justice Appropriations; and Budget.

On motion by Senator Evers—

CS for CS for HB 1175—A bill to be entitled An act relating to controlled substances; amending s. 893.03, F.S.; adding to the list of Schedule I controlled substances certain specified materials, compounds, mixtures, or preparations that contain hallucinogenic substances or that contain any of these substances' salts, isomers, and salts of isomers, if the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation; amending s. 893.13, F.S.; providing reduced penalties for possession of 3 grams or less of certain such controlled substances; reenacting ss. 893.13(1)-(6) and 921.0022(3)(b)-(e), F.S., relating to prohibited acts involving controlled substances and the Criminal Punishment Code, respectively, to incorporate the amendments made to s. 893.03, F.S., in references thereto; providing an effective date.

—a companion measure, was substituted for **CS for CS for SB 1502** and read the second time by title.

Senator Bogdanoff moved the following amendment which was adopted:

Amendment 1 (848474) (with title amendment)—Between lines 20 and 21 insert:

Section 1. Section 456.44, Florida Statutes, is amended to read:

456.44 Controlled substance prescribing.—

(1) DEFINITIONS.—

(a) “Addiction medicine specialist” means a board-certified *psychiatrist who holds a subspecialty certification in addiction medicine or who is eligible for such subspecialty certification in addiction medicine, a* ~~an addiction medicine~~ physician *who is certified or eligible for certification by the American Board Society of Addiction Medicine, or an osteopathic physician who holds a certificate of added qualification in Addiction Medicine through the American Osteopathic Association.*

(b) “Adverse incident” means any incident set forth in s. 458.351(4)(a)-(e) or s. 459.026(4)(a)-(e).

(c) “Board-certified pain management physician” means a physician who possesses board certification in pain medicine by the American Board of Pain Medicine, board certification by the American Board of Interventional Pain Physicians, or board certification or subcertification in pain management *or pain medicine* by a specialty board recognized by the American Association of Physician Specialists *or the American Board of Medical Specialties* or an osteopathic physician who holds a certificate in Pain Management by the American Osteopathic Association.

(d) “Chronic nonmalignant pain” means pain unrelated to cancer, ~~or~~ rheumatoid arthritis, *or sickle cell anemia* which persists beyond the usual course of disease *or beyond the injury that is the cause of the pain or which persists* more than 90 days after surgery.

(e) “Mental health addiction facility” means a facility licensed under chapter 394 or chapter 397.

(2) REGISTRATION.—Effective January 1, 2012, a physician licensed under chapter 458, chapter 459, chapter 461, or chapter 466 who prescribes any controlled substance *listed in Schedule II, Schedule III, or Schedule IV, as defined in s. 893.03, over a 6-month period to any one patient* for the treatment of chronic nonmalignant pain, must:

(a) Designate himself or herself as a controlled substance prescribing practitioner on the physician's practitioner profile.

(b) Comply with the requirements of this section and applicable board rules.

(3) STANDARDS OF PRACTICE.—The standards of practice in this section do not supersede the level of care, skill, and treatment recognized in general law related to health care licensure.

(a) A complete medical history and a physical examination must be conducted before beginning any treatment and must be documented in the medical record. The exact components of the physical examination shall be left to the judgment of the clinician who is expected to perform a physical examination proportionate to the diagnosis that justifies a treatment. The medical record must, at a minimum, document the nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function, a review of previous medical records, previous diagnostic studies, and history of alcohol and substance abuse. The medical record *must* ~~shall~~ also document the presence of one or more recognized medical indications for the use of a controlled substance. Each registrant must develop a written plan for assessing each patient's risk of aberrant drug-related behavior, which may include patient drug testing. Registrants must assess each patient's risk for aberrant drug-related behavior and monitor that risk on an ongoing basis in accordance with the plan.

(b) Each registrant must develop a written individualized treatment plan for each patient. The treatment plan *must* ~~shall~~ state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and *must* ~~shall~~ indicate if any further diagnostic evaluations or other treatments are planned. After treatment begins, the physician shall adjust drug therapy to the individual medical needs of each patient. Other treatment modalities, including a rehabilitation program, shall be considered depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment. The interdisciplinary nature of the treatment plan shall be documented.

(c) The physician shall discuss the risks and benefits of the use of controlled substances, including the risks of abuse and addiction, as well as physical dependence and its consequences, with the patient, persons designated by the patient, or the patient's surrogate or guardian if the patient is incompetent. The physician shall use a written controlled substance agreement between the physician and the patient outlining the patient's responsibilities, including, but not limited to:

1. Number and frequency of *prescriptions and refills* for controlled substances ~~substance prescriptions and refills~~.

2. Patient compliance and reasons for which drug therapy may be discontinued, such as a violation of the agreement.

3. An agreement that controlled substances for the treatment of chronic nonmalignant pain shall be prescribed by a single treating physician unless otherwise authorized by the treating physician and documented in the medical record.

(d) The patient shall be seen by the physician at regular intervals, not to exceed 3 months, to assess the efficacy of treatment, ensure that *controlled-substance* ~~controlled-substance~~ therapy remains indicated, evaluate the patient's progress toward treatment objectives, consider adverse drug effects, and review the etiology of the pain. Continuation or modification of therapy *depends* ~~shall depend~~ on the physician's evaluation of the patient's progress. If treatment goals are not being achieved, despite medication adjustments, the physician shall re-evaluate the appropriateness of continued treatment. The physician shall monitor patient compliance in medication usage, related treatment plans, controlled substance agreements, and indications of substance abuse or diversion at a minimum of 3-month intervals.

(e) The physician shall refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. Special attention shall be given to those patients who are at risk for misusing their medications and those whose living arrangements pose a risk for medication misuse or diversion. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric disorder requires extra care, monitoring, and documentation and requires consultation with or referral to an *addiction medicine specialist* ~~addictionologist or psychiatrist~~ ~~psychiatrist~~.

(f) A physician registered under this section must maintain accurate, current, and complete records that are accessible and readily available

for review and comply with the requirements of this section, the applicable practice act, and applicable board rules. The medical records must include, but are not limited to:

1. The complete medical history and a physical examination, including history of drug abuse or dependence.
2. Diagnostic, therapeutic, and laboratory results.
3. Evaluations and consultations.
4. Treatment objectives.
5. Discussion of risks and benefits.
6. Treatments.
7. Medications, including date, type, dosage, and quantity prescribed.
8. Instructions and agreements.
9. Periodic reviews.
10. Results of any drug testing.
11. A photocopy of the patient's government-issued photo identification.
12. If a written prescription for a controlled substance is given to the patient, a duplicate of the prescription.
13. The physician's full name presented in a legible manner.

(g) Patients with signs or symptoms of substance abuse shall be immediately referred to a board-certified pain management physician, an addiction medicine specialist, or a mental health addiction facility as it pertains to drug abuse or addiction unless the physician is *board eligible or board certified* ~~board-certified or board-eligible~~ in pain management. Throughout the period of time before receiving the consultant's report, a prescribing physician shall clearly and completely document medical justification for continued treatment with controlled substances and those steps taken to ensure medically appropriate use of controlled substances by the patient. Upon receipt of the consultant's written report, the prescribing physician shall incorporate the consultant's recommendations for continuing, modifying, or discontinuing the *controlled-substance* ~~controlled substance~~ therapy. The resulting changes in treatment shall be specifically documented in the patient's medical record. Evidence or behavioral indications of diversion shall be followed by discontinuation of the *controlled-substance* ~~controlled substance~~ therapy, and the patient shall be discharged, and all results of testing and actions taken by the physician shall be documented in the patient's medical record.

(h) When a pharmacy subject to this section receives a prescription, the prescription is deemed compliant with the standards of practice under this section and, therefore, valid for dispensing.

This subsection does not apply to a *board-eligible or board-certified* anesthesiologist, physiatrist, *psychiatrist, rheumatologist, or neurologist*, or to a board-certified physician who has surgical privileges at a hospital or ambulatory surgery center and primarily provides surgical services. This subsection does not apply to a *board-eligible or board-certified* medical specialist who has also completed a fellowship in pain medicine approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association, or who is *board eligible or board certified* in pain medicine by a board approved by the American Board of Pain Medicine, the American Board of Medical Specialties, or the American Osteopathic Association and performs interventional pain procedures of the type routinely billed using surgical codes. *This subsection does not apply to a physician certified by the American Board of Medical Specialties in hospice and palliative medicine or to an osteopathic physician who holds a certificate of added qualification in hospice and palliative medicine through the American Osteopathic Association. This subsection does not apply to a physician who prescribes medically necessary controlled substances for a patient during an inpatient stay or while providing emergency services and care in a hospital licensed under chapter 395. This subsection does not apply to a physician who treats a patient who is admitted in a nursing home or related health care facility*

or receiving hospice services as defined in chapter 400. This subsection does not apply to a physician who treats a patient in accordance with an approved clinical trial. This subsection does not apply to a physician licensed under chapter 458 or chapter 459 who writes fewer than 50 prescriptions for a controlled substance for all of his or her patients combined in any one calendar year.

Section 2. Paragraph (a) of subsection (1) of section 458.3265, Florida Statutes, is amended to read:

458.3265 Pain-management clinics.—

(1) REGISTRATION.—

(a)1. As used in this section, the term:

a. "Chronic nonmalignant pain" means pain unrelated to cancer, ~~or~~ rheumatoid arthritis, or sickle cell anemia which persists beyond the usual course of disease or *beyond* the injury that is the cause of the pain or *which persists* more than 90 days after surgery.

b. "Pain-management clinic" or "clinic" means any publicly or privately owned facility:

(I) That advertises in any medium for any type of pain-management services; or

(II) Where in any month a majority of patients are prescribed opioids, benzodiazepines, barbiturates, or carisoprodol for the treatment of chronic nonmalignant pain.

2. Each pain-management clinic must register with the department unless:

a. ~~The~~ ~~That~~ clinic is licensed as a facility pursuant to chapter 395;

b. The majority of the physicians who provide services in the clinic ~~primarily~~ provide *primarily* surgical services;

c. The clinic is owned by a publicly held corporation whose shares are traded on a national exchange or on the over-the-counter market and whose total assets at the end of the corporation's most recent fiscal quarter exceeded \$50 million;

d. The clinic is affiliated with an accredited medical school at which training is provided for medical students, residents, or fellows;

e. The clinic does not prescribe controlled substances for the treatment of pain;

f. The clinic is owned by a corporate entity exempt from federal taxation under 26 U.S.C. s. 501(c)(3);

g. The clinic is wholly owned ~~and operated~~ by one or more *board-eligible or board-certified* anesthesiologists, physiatrists, *psychiatrists, rheumatologists, or neurologists*; ~~or~~

h. The clinic is wholly owned ~~and operated~~ by one or more *board-eligible or board-certified* medical specialists who have also completed fellowships in pain medicine approved by the Accreditation Council for Graduate Medical Education, or who are also *board eligible or board certified* ~~board-certified~~ in pain medicine by a board approved by the American Board of Pain Medicine or the American Board of Medical Specialties and perform interventional pain procedures of the type routinely billed using surgical codes;

i. *The clinic is organized as a physician-owned group practice as defined in 42 C.F.R. s. 411.352; or*

j. *Before June 1, 2011, the clinic was wholly owned by physicians who are not board eligible or board certified but who successfully completed a residency program in anesthesiology, psychiatry, rheumatology, or neurology and who have 7 years of documented, full-time practice in pain medicine in this state. For purposes of this paragraph, the term "full-time" is defined as practicing an average of 20 hours per week each year in pain medicine.*

Section 3. Paragraph (a) of subsection (1) of section 459.0137, Florida Statutes, is amended to read:

459.0137 Pain-management clinics.—

(1) REGISTRATION.—

(a)1. As used in this section, the term:

a. “Chronic nonmalignant pain” means pain unrelated to cancer, ~~or~~ rheumatoid arthritis, ~~or sickle cell anemia~~ which persists beyond the usual course of disease or *beyond* the injury that is the cause of the pain or *which persists* more than 90 days after surgery.

b. “Pain-management clinic” or “clinic” means any publicly or privately owned facility:

(I) That advertises in any medium for any type of pain-management services; or

(II) Where in any month a majority of patients are prescribed opioids, benzodiazepines, barbiturates, or carisoprodol for the treatment of chronic nonmalignant pain.

2. Each pain-management clinic must register with the department unless:

a. ~~The~~ That clinic is licensed as a facility pursuant to chapter 395;

b. The majority of the physicians who provide services in the clinic ~~primarily~~ provide *primarily* surgical services;

c. The clinic is owned by a publicly held corporation whose shares are traded on a national exchange or on the over-the-counter market and whose total assets at the end of the corporation’s most recent fiscal quarter exceeded \$50 million;

d. The clinic is affiliated with an accredited medical school at which training is provided for medical students, residents, or fellows;

e. The clinic does not prescribe controlled substances for the treatment of pain;

f. The clinic is owned by a corporate entity exempt from federal taxation under 26 U.S.C. s. 501(c)(3);

g. The clinic is wholly owned ~~and operated~~ by one or more *board-eligible* or board-certified anesthesiologists, physiatrists, *psychiatrists*, *rheumatologists*, or neurologists; or

h. The clinic is wholly owned ~~and operated~~ by one or more *board-eligible* or board-certified medical specialists who have also completed fellowships in pain medicine approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association, or who are also *board eligible* or *board certified* ~~board-certified~~ in pain medicine by a board approved by the American Board of Medical Specialties, *the American Association of Physician Specialties*, or the American Osteopathic Association and perform interventional pain procedures of the type routinely billed using surgical codes.

Section 4. Paragraph (b) of subsection (1) of section 465.0276, Florida Statutes, is amended to read:

465.0276 Dispensing practitioner.—

(1)

(b) A practitioner registered under this section may not dispense a controlled substance listed in Schedule II or Schedule III as provided in s. 893.03. This paragraph does not apply to:

1. The dispensing of complimentary packages of medicinal drugs which are labeled as a drug sample or complimentary drug as defined in s. 499.028 to the practitioner’s own patients in the regular course of her or his practice without the payment of a fee or remuneration of any kind, whether direct or indirect, as provided in subsection (5).

2. The dispensing of controlled substances in the health care system of the Department of Corrections.

3. The dispensing of a controlled substance listed in Schedule II or Schedule III in connection with the performance of a surgical procedure. The amount dispensed pursuant to the subparagraph may not exceed a

14-day supply. This exception does not allow for the dispensing of a controlled substance listed in Schedule II or Schedule III more than 14 days after the performance of the surgical procedure. For purposes of this subparagraph, the term “surgical procedure” means any procedure in any setting which involves, or reasonably should involve:

a. Perioperative medication and sedation that allows the patient to tolerate unpleasant procedures while maintaining adequate cardiorespiratory function and the ability to respond purposefully to verbal or tactile stimulation and makes intra- and postoperative monitoring necessary; or

b. The use of general anesthesia or major conduction anesthesia and preoperative sedation.

4. The dispensing of a controlled substance listed in Schedule II or Schedule III pursuant to an approved clinical trial. For purposes of this subparagraph, the term “approved clinical trial” means a clinical research study or clinical investigation that, in whole or in part, is state or federally funded or is conducted under *protocols approved* ~~an investigational new drug application that is reviewed~~ by the United States Food and Drug Administration.

5. The dispensing of methadone in a facility licensed under s. 397.427 where medication-assisted treatment for opiate addiction is provided.

6. The dispensing of a controlled substance listed in Schedule II or Schedule III to a patient of a facility licensed under part IV of chapter 400.

Section 5. Paragraph (b) of subsection (5) and paragraph (b) of subsection (7) of section 893.055, Florida Statutes, are amended to read:

893.055 Prescription drug monitoring program.—

(5) When the following acts of dispensing or administering occur, the following are exempt from reporting under this section for that specific act of dispensing or administration:

(b) A pharmacist or health care practitioner when administering a controlled substance to a patient *who is receiving hospice care or to a patient* or resident receiving care as a patient at a hospital, nursing home, ambulatory surgical center, hospice, or intermediate care facility for the developmentally disabled which is licensed in this state.

(7)

(b) A pharmacy, prescriber, or dispenser shall have access to information in the prescription drug monitoring program’s database which relates to a patient, *or a potential patient*, of that pharmacy, prescriber, or dispenser in a manner established by the department as needed for the purpose of reviewing the patient’s controlled substance prescription history. Other access to the program’s database shall be limited to the program manager and to the designated program and support staff, who may act only at the direction of the program manager or, in the absence of the program manager, as authorized. Access by the program manager or such designated staff is for prescription drug program management only or for management of the program’s database and its system in support of the requirements of this section and in furtherance of the prescription drug monitoring program. Confidential and exempt information in the database shall be released only as provided in paragraph (c) and s. 893.0551. The program manager, designated program and support staff who act at the direction of or in the absence of the program manager, and any individual who has similar access regarding the management of the database from the prescription drug monitoring program shall submit fingerprints to the department for background screening. The department shall follow the procedure established by the Department of Law Enforcement to request a statewide criminal history record check and to request that the Department of Law Enforcement forward the fingerprints to the Federal Bureau of Investigation for a national criminal history record check.

And the title is amended as follows:

Delete line 2 and insert: An act relating to controlled substances; amending s. 456.44, F.S.; revising the definition of the term “addiction medicine specialist” to include a board-certified psychiatrist, rather than a physiatrist; redefining the term “board-certified pain management

physician” to include a physician who possesses board certification or subcertification in pain management by a specialty board recognized by the American Board of Medical Specialties; redefining the term “chronic nonmalignant pain”; providing requirements that a physician who prescribes certain specific controlled substances for the treatment of chronic nonmalignant pain must fulfill; providing that the management of pain in certain patients requires consultation with or referral to a psychiatrist, rather than a physiatrist; providing that a prescription is deemed compliant with the standards of practice and is valid for dispensing when a pharmacy receives it; providing that the standards of practice regarding the prescribing of controlled substances do not apply to certain physicians; amending s. 458.3265, F.S.; revising the definition of the term “chronic nonmalignant pain”; requiring that a pain-management clinic register with the Department of Health unless the clinic is wholly owned by certain board-eligible or board-certified physicians or medical specialists, organized as a physician-owned group practice, or wholly owned by physicians who are not board eligible or board certified but who have completed specified residency programs and have a specified number of years of full-time practice in pain medicine; amending s. 459.0137, F.S.; revising the definition of “chronic nonmalignant pain”; requiring that a pain-management clinic register with the Department of Health unless the clinic is wholly owned by certain health care practitioners; amending s. 465.0276, F.S.; redefining the term “approved clinical trial” as it relates to the Florida Pharmacy Act; amending s. 893.055, F.S.; providing that a pharmacist or health care practitioner is exempt from reporting a dispensed controlled substance to the Department of Health when administering the controlled substance to a patient who is receiving hospice care or to a patient or resident receiving care at certain medical facilities licensed in the state; requiring that a pharmacy, prescriber, or dispenser have access to information in the prescription drug monitoring program’s database which relates to a patient, or a potential patient, of that pharmacy, prescriber, or dispenser for the purpose of reviewing the patient’s controlled substance prescription history; amending s.

Senator Evers moved the following amendment which was adopted:

Amendment 2 (245076)—Delete line 708 and insert:

Section 4. This act shall take effect upon becoming a law.

Pursuant to Rule 4.19, **CS for CS for HB 1175** as amended was placed on the calendar of Bills on Third Reading.

On motion by Senator Simmons—

SB 1570—A bill to be entitled An act relating to the judiciary; amending s. 25.073, F.S.; providing that if a retired justice or judge is assigned to temporary duty, such assignment does not affect his or her eligibility for benefits under the Florida Retirement System; amending s. 43.291, F.S.; revising requirements for the appointment of members of judicial nominating commissions; providing that, with the exception of members selected from a list of nominees provided by the Board of Governors of The Florida Bar, a current member of a judicial nominating commission appointed by the Governor serves at the pleasure of the Governor; providing for each expired term or vacancy to be filled by appointment in the same manner as the member whose position is being filled; deleting obsolete provisions; deleting a requirement that the Executive Office of the Governor establish uniform rules of procedure consistent with the State Constitution when suspending for cause a member of a judicial nominating commission; providing an effective date.

—was read the second time by title.

THE PRESIDENT PRESIDING

MOTION

On motion by Senator Simmons, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Simmons moved the following amendment which was adopted:

Amendment 1 (829544) (with title amendment)—Delete everything after the enacting clause and insert:

Section 1. Subsection (4) is added to section 25.073, Florida Statutes, to read:

25.073 Retired justices or judges assigned to temporary duty; additional compensation; appropriation.—

(4) *For a retired justice or retired judge who has reached his or her normal retirement age or date under chapter 121 and who has consented to temporary duty in any court, as assigned by the Chief Justice of the Supreme Court in accordance with s. 2, Art. V of the State Constitution:*

(a) *The definition of the term “termination” in s. 121.021 does not apply, and termination occurs when the justice or judge ceases all non-temporary, active duty as a judge and retires from the Florida Retirement System.*

(b) *Section 121.091(9)(c) does not apply, and such temporary duty is not considered reemployment or employment after retirement for purposes of chapter 121 and renewed membership in the Florida Retirement System is not permitted.*

Section 2. Effective upon this act becoming a law, subsections (1), (3), and (5) of section 43.291, Florida Statutes, are amended to read:

43.291 Judicial nominating commissions.—

(1)(a) Each judicial nominating commission shall be composed of the following members:

1.(a) Four members of The Florida Bar, appointed by the Governor, who are engaged in the practice of law, each of whom is a resident of the territorial jurisdiction served by the commission to which the member is appointed. The Board of Governors of The Florida Bar shall submit to the Governor three recommended nominees for each position. The Governor shall select the appointee from the list of nominees recommended for that position, but the Governor may reject all of the nominees recommended for a position and request that the Board of Governors submit a new list of three different recommended nominees for that position who have not been previously recommended by the Board of Governors.

2.(b) Five members appointed by the Governor, each of whom is a resident of the territorial jurisdiction served by the commission to which the member is appointed, of which at least two are members of The Florida Bar engaged in the practice of law. *Notwithstanding any other law, each member of a judicial nominating commission appointed by the Governor after January 4, 2011, other than those selected from a list of nominees provided by the Board of Governors of The Florida Bar, shall serve at the pleasure of the Governor.*

(b) *Each expired term or vacancy shall be filled by appointment in the same manner as the member whose position is being filled.*

(3) *Members of a judicial nominating commission shall be appointed to serve staggered terms as follows:*

(a) *Two appointments directly by the Governor and one appointment from the list of nominees provided by the Board of Governors of The Florida Bar for terms ending on July 1, 2012.*

(b) *One appointment directly by the Governor and two appointments from the list of nominees provided by the Board of Governors of The Florida Bar for terms ending on July 1, 2014.*

(c) *Two appointments directly by the Governor and one appointment from the list of nominees provided by the Board of Governors of The Florida Bar for terms ending on July 1, 2015. Notwithstanding any other provision of this section, each current member of a judicial nominating commission appointed directly by the Board of Governors of The Florida Bar shall serve the remainder of his or her term, unless removed for cause. The terms of all other members of a judicial nominating commission are hereby terminated, and the Governor shall appoint new members to each judicial nominating commission in the following manner:*

(a) *Two appointments for terms ending July 1, 2002, one of which shall be an appointment selected from nominations submitted by the Board of Governors of The Florida Bar pursuant to paragraph (1)(a);*

~~(b) Two appointments for terms ending July 1, 2003; and~~

~~(c) Two appointments for terms ending July 1, 2004.~~

Every subsequent appointment, except an appointment to fill a vacant, unexpired term, shall be for 4 years. ~~Each expired term or vacancy shall be filled by appointment in the same manner as the member whose position is being filled.~~

(5) A member of a judicial nominating commission may be suspended for cause by the Governor ~~pursuant to uniform rules of procedure established by the Executive Office of the Governor~~ consistent with s. 7, of Art. IV of the State Constitution.

Section 3. Subsection (39) of section 121.021, Florida Statutes, is amended to read:

121.021 Definitions.—The following words and phrases as used in this chapter have the respective meanings set forth unless a different meaning is plainly required by the context:

(39)(a) “Termination” occurs, except as provided in paragraph (b) or paragraph (d), when a member ceases all employment relationships with participating employers, however:

1. For retirements effective before July 1, 2010, if a member is employed by any such employer within the next calendar month, termination shall be deemed not to have occurred. A leave of absence constitutes a continuation of the employment relationship, except that a leave of absence without pay due to disability may constitute termination if such member makes application for and is approved for disability retirement in accordance with s. 121.091(4). The department or state board may require other evidence of termination as it deems necessary.

2. For retirements effective on or after July 1, 2010, if a member is employed by any such employer within the next 6 calendar months, termination shall be deemed not to have occurred. A leave of absence constitutes a continuation of the employment relationship, except that a leave of absence without pay due to disability may constitute termination if such member makes application for and is approved for disability retirement in accordance with s. 121.091(4). The department or state board may require other evidence of termination as it deems necessary.

(b) “Termination” for a member electing to participate in the Deferred Retirement Option Program occurs when the program participant ceases all employment relationships with participating employers in accordance with s. 121.091(13), however:

1. For termination dates occurring before July 1, 2010, if the member is employed by any such employer within the next calendar month, termination will be deemed not to have occurred, except as provided in s. 121.091(13)(b)4.c. A leave of absence shall constitute a continuation of the employment relationship.

2. For termination dates occurring on or after July 1, 2010, if the member becomes employed by any such employer within the next 6 calendar months, termination will be deemed not to have occurred, except as provided in s. 121.091(13)(b)4.c. A leave of absence constitutes a continuation of the employment relationship.

(c) Effective July 1, 2011, “termination” for a member receiving a refund of employee contributions occurs when a member ceases all employment relationships with participating employers for 3 calendar months. A leave of absence constitutes a continuation of the employment relationship.

(d) *Effective July 1, 2012, a retired justice or retired judge who has reached his or her normal retirement age or date and who consents to temporary employment as a senior judge in any court, as assigned by the Chief Justice of the Supreme Court in accordance with s. 2, Art. V of the State Constitution, meets the definition of “termination” when all non-temporary employment as a judge ceases and the justice or judge retires under this chapter.*

Section 4. Subsection (9) of section 121.091, Florida Statutes, is amended to read:

121.091 Benefits payable under the system.—Benefits may not be paid under this section unless the member has terminated employment

as provided in s. 121.021(39)(a) or begun participation in the Deferred Retirement Option Program as provided in subsection (13), and a proper application has been filed in the manner prescribed by the department. The department may cancel an application for retirement benefits when the member or beneficiary fails to timely provide the information and documents required by this chapter and the department’s rules. The department shall adopt rules establishing procedures for application for retirement benefits and for the cancellation of such application when the required information or documents are not received.

(9) EMPLOYMENT AFTER RETIREMENT; LIMITATION.—

(a) Any person who is retired under this chapter, except under the disability retirement provisions of subsection (4), may be employed by an employer that does not participate in a state-administered retirement system and receive compensation from that employment without limiting or restricting in any way the retirement benefits payable to that person.

(b) Any person whose retirement is effective before July 1, 2010, or whose participation in the Deferred Retirement Option Program terminates before July 1, 2010, except under the disability retirement provisions of subsection (4) or as provided in s. 121.053, may be reemployed by an employer that participates in a state-administered retirement system and receive retirement benefits and compensation from that employer, except that the person may not be reemployed by an employer participating in the Florida Retirement System before meeting the definition of termination in s. 121.021 and may not receive both a salary from the employer and retirement benefits for 12 calendar months immediately subsequent to the date of retirement. However, a DROP participant shall continue employment and receive a salary during the period of participation in the Deferred Retirement Option Program, as provided in subsection (13).

1. A retiree who violates such reemployment limitation before completion of the 12-month limitation period must give timely notice of this fact in writing to the employer and to the Division of Retirement or the state board and shall have his or her retirement benefits suspended for the months employed or the balance of the 12-month limitation period as required in sub-subparagraphs b. and c. A retiree employed in violation of this paragraph and an employer who employs or appoints such person are jointly and severally liable for reimbursement to the retirement trust fund, including the Florida Retirement System Trust Fund and the Public Employee Optional Retirement Program Trust Fund, from which the benefits were paid. The employer must have a written statement from the retiree that he or she is not retired from a state-administered retirement system. Retirement benefits shall remain suspended until repayment has been made. Benefits suspended beyond the reemployment limitation shall apply toward repayment of benefits received in violation of the reemployment limitation.

a. A district school board may reemploy a retiree as a substitute or hourly teacher, education paraprofessional, transportation assistant, bus driver, or food service worker on a noncontractual basis after he or she has been retired for 1 calendar month. A district school board may reemploy a retiree as instructional personnel, as defined in s. 1012.01(2)(a), on an annual contractual basis after he or she has been retired for 1 calendar month. Any member who is reemployed within 1 calendar month after retirement shall void his or her application for retirement benefits. District school boards reemploying such teachers, education paraprofessionals, transportation assistants, bus drivers, or food service workers are subject to the retirement contribution required by subparagraph 2.

b. A community college board of trustees may reemploy a retiree as an adjunct instructor or as a participant in a phased retirement program within the Florida Community College System, after he or she has been retired for 1 calendar month. A member who is reemployed within 1 calendar month after retirement shall void his or her application for retirement benefits. Boards of trustees reemploying such instructors are subject to the retirement contribution required in subparagraph 2. A retiree may be reemployed as an adjunct instructor for no more than 780 hours during the first 12 months of retirement. A retiree reemployed for more than 780 hours during the first 12 months of retirement must give timely notice in writing to the employer and to the Division of Retirement or the state board of the date he or she will exceed the limitation. The division shall suspend his or her retirement benefits for the remainder of the 12 months of retirement. Any retiree employed in vio-

lation of this sub-subparagraph and any employer who employs or appoints such person without notifying the division to suspend retirement benefits are jointly and severally liable for any benefits paid during the reemployment limitation period. The employer must have a written statement from the retiree that he or she is not retired from a state-administered retirement system. Any retirement benefits received by the retiree while reemployed in excess of 780 hours during the first 12 months of retirement must be repaid to the Florida Retirement System Trust Fund, and retirement benefits shall remain suspended until repayment is made. Benefits suspended beyond the end of the retiree's first 12 months of retirement shall apply toward repayment of benefits received in violation of the 780-hour reemployment limitation.

c. The State University System may reemploy a retiree as an adjunct faculty member or as a participant in a phased retirement program within the State University System after the retiree has been retired for 1 calendar month. A member who is reemployed within 1 calendar month after retirement shall void his or her application for retirement benefits. The State University System is subject to the retired contribution required in subparagraph 2., as appropriate. A retiree may be reemployed as an adjunct faculty member or a participant in a phased retirement program for no more than 780 hours during the first 12 months of his or her retirement. A retiree reemployed for more than 780 hours during the first 12 months of retirement must give timely notice in writing to the employer and to the Division of Retirement or the state board of the date he or she will exceed the limitation. The division shall suspend his or her retirement benefits for the remainder of the 12 months. Any retiree employed in violation of this sub-subparagraph and any employer who employs or appoints such person without notifying the division to suspend retirement benefits are jointly and severally liable for any benefits paid during the reemployment limitation period. The employer must have a written statement from the retiree that he or she is not retired from a state-administered retirement system. Any retirement benefits received by the retiree while reemployed in excess of 780 hours during the first 12 months of retirement must be repaid to the Florida Retirement System Trust Fund, and retirement benefits shall remain suspended until repayment is made. Benefits suspended beyond the end of the retiree's first 12 months of retirement shall apply toward repayment of benefits received in violation of the 780-hour reemployment limitation.

d. The Board of Trustees of the Florida School for the Deaf and the Blind may reemploy a retiree as a substitute teacher, substitute residential instructor, or substitute nurse on a noncontractual basis after he or she has been retired for 1 calendar month. Any member who is reemployed within 1 calendar month after retirement shall void his or her application for retirement benefits. The Board of Trustees of the Florida School for the Deaf and the Blind reemploying such teachers, residential instructors, or nurses is subject to the retirement contribution required by subparagraph 2.

e. A developmental research school may reemploy a retiree as a substitute or hourly teacher or an education paraprofessional as defined in s. 1012.01(2) on a noncontractual basis after he or she has been retired for 1 calendar month. A developmental research school may reemploy a retiree as instructional personnel, as defined in s. 1012.01(2)(a), on an annual contractual basis after he or she has been retired for 1 calendar month after retirement. Any member who is reemployed within 1 calendar month voids his or her application for retirement benefits. A developmental research school that reemploys retired teachers and education paraprofessionals is subject to the retirement contribution required by subparagraph 2.

f. A charter school may reemploy a retiree as a substitute or hourly teacher on a noncontractual basis after he or she has been retired for 1 calendar month. A charter school may reemploy a retired member as instructional personnel, as defined in s. 1012.01(2)(a), on an annual contractual basis after he or she has been retired for 1 calendar month after retirement. Any member who is reemployed within 1 calendar month voids his or her application for retirement benefits. A charter school that reemploys such teachers is subject to the retirement contribution required by subparagraph 2.

2. The employment of a retiree or DROP participant of a state-administered retirement system does not affect the average final compensation or years of creditable service of the retiree or DROP participant. Before July 1, 1991, upon employment of any person, other than an elected officer as provided in s. 121.053, who is retired under a state-

administered retirement program, the employer shall pay retirement contributions in an amount equal to the unfunded actuarial liability portion of the employer contribution which would be required for regular members of the Florida Retirement System. Effective July 1, 1991, contributions shall be made as provided in s. 121.122 for retirees who have renewed membership or, as provided in subsection (13), for DROP participants.

3. Any person who is holding an elective public office which is covered by the Florida Retirement System and who is concurrently employed in nonelected covered employment may elect to retire while continuing employment in the elective public office if he or she terminates his or her nonelected covered employment. Such person shall receive his or her retirement benefits in addition to the compensation of the elective office without regard to the time limitations otherwise provided in this subsection. A person who seeks to exercise the provisions of this subparagraph as they existed before May 3, 1984, may not be deemed to be retired under those provisions, unless such person is eligible to retire under this subparagraph, as amended by chapter 84-11, Laws of Florida.

(c) Any person whose retirement is effective on or after July 1, 2010, or whose participation in the Deferred Retirement Option Program terminates on or after July 1, 2010, who is retired under this chapter, except under the disability retirement provisions of subsection (4) or as provided in s. 121.053, may be reemployed by an employer that participates in a state-administered retirement system and receive retirement benefits and compensation from that employer. However, a person may not be reemployed by an employer participating in the Florida Retirement System before meeting the definition of termination in s. 121.021 and may not receive both a salary from the employer and retirement benefits for 6 calendar months after meeting the definition of termination, *except as provided in paragraph (f)*. However, a DROP participant shall continue employment and receive a salary during the period of participation in the Deferred Retirement Option Program, as provided in subsection (13).

1. The reemployed retiree may not renew membership in the Florida Retirement System.

2. The employer shall pay retirement contributions in an amount equal to the unfunded actuarial liability portion of the employer contribution that would be required for active members of the Florida Retirement System in addition to the contributions required by s. 121.76.

3. A retiree initially reemployed in violation of this paragraph and an employer that employs or appoints such person are jointly and severally liable for reimbursement of any retirement benefits paid to the retirement trust fund from which the benefits were paid, including the Florida Retirement System Trust Fund and the Public Employee Optional Retirement Program Trust Fund, as appropriate. The employer must have a written statement from the employee that he or she is not retired from a state-administered retirement system. Retirement benefits shall remain suspended until repayment is made. Benefits suspended beyond the end of the retiree's 6-month reemployment limitation period shall apply toward the repayment of benefits received in violation of this paragraph.

(d) This subsection applies to retirees, as defined in s. 121.4501(2) and *except as provided in paragraph (f)*, of the Florida Retirement System Investment Plan, subject to the following conditions:

1. A retiree may not be reemployed with an employer participating in the Florida Retirement System until such person has been retired for 6 calendar months.

2. A retiree employed in violation of this subsection and an employer that employs or appoints such person are jointly and severally liable for reimbursement of any benefits paid to the retirement trust fund from which the benefits were paid. The employer must have a written statement from the retiree that he or she is not retired from a state-administered retirement system.

(e) The limitations of this subsection apply to reemployment in any capacity irrespective of the category of funds from which the person is compensated, *except as provided in paragraph (f)*.

(f) *Effective July 1, 2012, a retired justice or retired judge who has reached his or her normal retirement age or date and consents to temporary employment as a senior judge in any court, as assigned by the Chief Justice of the Supreme Court in accordance with s. 2, Art. V of the State Constitution, is not subject to paragraph (c), paragraph (d), or paragraph (e).*

Section 5. Paragraph (a) of subsection (1) of section 121.591, Florida Statutes, is amended to read:

121.591 Payment of benefits.—Benefits may not be paid under the Florida Retirement System Investment Plan unless the member has terminated employment as provided in s. 121.021(39)(a) or is deceased and a proper application has been filed as prescribed by the state board or the department. Before termination of employment, benefits, including employee contributions, are not payable under the investment plan for employee hardships, unforeseeable emergencies, loans, medical expenses, educational expenses, purchase of a principal residence, payments necessary to prevent eviction or foreclosure on an employee's principal residence, or any other reason prior to termination from all employment relationships with participating employers. The state board or department, as appropriate, may cancel an application for retirement benefits if the member or beneficiary fails to timely provide the information and documents required by this chapter and the rules of the state board and department. In accordance with their respective responsibilities, the state board and the department shall adopt rules establishing procedures for application for retirement benefits and for the cancellation of such application if the required information or documents are not received. The state board and the department, as appropriate, are authorized to cash out a de minimis account of a member who has been terminated from Florida Retirement System covered employment for a minimum of 6 calendar months. A de minimis account is an account containing employer and employee contributions and accumulated earnings of not more than \$5,000 made under the provisions of this chapter. Such cash-out must be a complete lump-sum liquidation of the account balance, subject to the provisions of the Internal Revenue Code, or a lump-sum direct rollover distribution paid directly to the custodian of an eligible retirement plan, as defined by the Internal Revenue Code, on behalf of the member. Any nonvested accumulations and associated service credit, including amounts transferred to the suspense account of the Florida Retirement System Investment Plan Trust Fund authorized under s. 121.4501(6), shall be forfeited upon payment of any vested benefit to a member or beneficiary, except for de minimis distributions or minimum required distributions as provided under this section. If any financial instrument issued for the payment of retirement benefits under this section is not presented for payment within 180 days after the last day of the month in which it was originally issued, the third-party administrator or other duly authorized agent of the state board shall cancel the instrument and credit the amount of the instrument to the suspense account of the Florida Retirement System Investment Plan Trust Fund authorized under s. 121.4501(6). Any amounts transferred to the suspense account are payable upon a proper application, not to include earnings thereon, as provided in this section, within 10 years after the last day of the month in which the instrument was originally issued, after which time such amounts and any earnings attributable to employer contributions shall be forfeited. Any forfeited amounts are assets of the trust fund and are not subject to chapter 717.

(1) NORMAL BENEFITS.—Under the investment plan:

(a) Benefits in the form of vested accumulations as described in s. 121.4501(6) are payable under this subsection in accordance with the following terms and conditions:

1. Benefits are payable only to a member, an alternate payee of a qualified domestic relations order, or a beneficiary.
2. Benefits shall be paid by the third-party administrator or designated approved providers in accordance with the law, the contracts, and any applicable board rule or policy.
3. The member must be terminated from all employment with all Florida Retirement System employers, as provided in s. 121.021(39).
4. Benefit payments may not be made until the member has been terminated for 3 calendar months, except that the state board may authorize by rule for the distribution of up to 10 percent of the member's account after being terminated for 1 calendar month if the member has

reached the normal retirement date as defined in s. 121.021. *Effective July 1, 2012, a retired justice or retired judge who has consented to temporary employment as a senior judge in any court pursuant to s. 25.073 may receive a regular distribution of his or her account as provided in this paragraph after providing proof of termination from his or her regularly established position.*

5. If a member or former member of the Florida Retirement System receives an invalid distribution, such person must either repay the full amount within 90 days after receipt of final notification by the state board or the third-party administrator that the distribution was invalid, or, in lieu of repayment, the member must terminate employment from all participating employers. If such person fails to repay the full invalid distribution within 90 days after receipt of final notification, the person may be deemed retired from the investment plan by the state board and is subject to s. 121.122. If such person is deemed retired, any joint and several liability set out in s. 121.091(9)(d)2. is void, and the state board, the department, or the employing agency is not liable for gains on payroll contributions that have not been deposited to the person's account in the investment plan, pending resolution of the invalid distribution. The member or former member who has been deemed retired or who has been determined by the state board to have taken an invalid distribution may appeal the agency decision through the complaint process as provided under s. 121.4501(9)(g)3. As used in this subparagraph, the term "invalid distribution" means any distribution from an account in the investment plan which is taken in violation of this section, s. 121.091(9), or s. 121.4501.

Section 6. (1) *Effective July 1, 2012, in order to fund the benefit changes provided in this act, the required employer contribution rates of the Florida Retirement System established in s. 121.71(4), Florida Statutes, shall be adjusted as follows:*

(a) *Elected Officers' Class for Justices and Judges shall be increased by 0.45 percentage points; and*

(b) *Deferred Retirement Option Program shall be increased by 0.01 percentage points.*

(2) *Effective July 1, 2012, in order to fund the benefit changes provided in this act, the required employer contribution rates for the unfunded actuarial liability of the Florida Retirement System established in s. 121.71(5), Florida Statutes, for the Elected Officers' Class for Justices and Judges shall be increased by 0.91 percentage points.*

(3) *The adjustments provided in subsections (1) and (2) shall be in addition to all other changes to such contribution rates which may be enacted into law to take effect on July 1, 2012, and July 1, 2013. The Division of Statutory Revision is requested to adjust accordingly the contribution rates provided in s. 121.71, Florida Statutes.*

Section 7. *The Legislature finds that a proper and legitimate state purpose is served when employees and retirees of the state and its political subdivisions, and the dependents, survivors, and beneficiaries of such employees and retirees, are extended the basic protections afforded by governmental retirement systems that provide fair and adequate benefits and that are managed, administered, and funded in an actuarially sound manner as required by s. 14, Article X of the State Constitution and part VII of chapter 112, Florida Statutes. Therefore, the Legislature determines and declares that this act fulfills an important state interest.*

Section 8. *Section 1 and sections 3 through 7 of this act shall take effect only if:*

(1) *The Legislature appropriates during the 2012 Legislative Session the sum of at least \$1.6 million from the General Revenue Fund on a recurring basis to the judicial branch in order to fund the increased employer contributions associated with the costs of the retirement benefits granted in this act; and*

(2) *The State Courts Administrator certifies to the President of the Senate and the Speaker of the House of Representatives that the appropriation was made and that the appropriation was not vetoed by the Governor.*

Section 9. Except as otherwise expressly provided in this act and except for this section, which shall take effect upon this act becoming a law, this act shall take effect July 1, 2012.

And the title is amended as follows:

Delete everything before the enacting clause and insert: A bill to be entitled An act relating to justices and judges; amending s. 25.073, F.S.; providing that, for a retired justice or retired judge who has consented to temporary duty in any court, the definition of the term “termination” in ch. 121, F.S., does not apply, and termination occurs when the retired justice or judge ceases all nontemporary, active duty as a judge and retires from the Florida Retirement System; amending s. 43.291, F.S.; revising requirements for the appointment of members of judicial nominating commissions; providing that, with the exception of members selected from a list of nominees provided by the Board of Governors of The Florida Bar, a current member of a judicial nominating commission appointed by the Governor serves at the pleasure of the Governor; providing staggered terms for members of a judicial nominating commission; deleting obsolete provisions; deleting a requirement that the Executive Office of the Governor establish uniform rules of procedure consistent with the State Constitution when suspending for cause a member of a judicial nominating commission; amending s. 121.021, F.S.; revising the definition of the term “termination,” to conform to changes made by the act; amending s. 121.091, F.S.; providing that a retired justice or retired judge who has reached his or her normal retirement age or date and consents to temporary employment as a senior judge in any court, as assigned by the Chief Justice of the Supreme Court, is not subject to certain specified limitations on employment after retirement; amending s. 121.591, F.S.; providing that a retired justice or retired judge who has consented to temporary employment as a senior judge in any court may receive a regular distribution of his or her retirement benefits account after providing proof of termination from his or her regularly established position; providing that, in order to fund the benefit changes set forth in the act, the required employer contribution rates of the Florida Retirement System, and the required employer contribution rates for the unfunded actuarial liability of the Florida Retirement System, are increased by specified amounts; providing a statement of important state interest; providing that specified provisions of the act relating to retired justices and judges take effect only if the Legislature appropriates sufficient funds and the State Courts Administrator certifies that the appropriation was made and that the appropriation was not vetoed by the Governor; providing effective dates.

Pursuant to Rule 4.19, **SB 1570** as amended was ordered engrossed and then placed on the calendar of Bills on Third Reading.

On motion by Senator Flores—

CS for SB 1880—A bill to be entitled An act relating to human trafficking; amending s. 16.56, F.S.; adding violations of ch. 787, F.S., to the jurisdiction of the Office of Statewide Prosecution; creating s. 480.0535, F.S.; requiring an employee of a massage establishment and any person performing massage therein to present, upon request of an investigator, valid government identification while in the establishment; providing documentation requirements for the operator of a massage establishment; providing criminal penalties; amending s. 775.21, F.S.; adding additional offenses to the list of sexual predator qualifying offenses; repealing s. 787.05, F.S., relating to unlawfully obtaining labor or services; amending s. 787.06, F.S.; revising legislative findings relating to human trafficking; revising definitions; creating additional offenses relating to human trafficking; providing criminal penalties; increasing criminal penalties for certain offenses; providing for forfeiture of property used, attempted to be used, or intended to be used in violation of specified human trafficking provisions; amending s. 787.07, F.S.; increasing the criminal penalty for human smuggling; amending s. 796.035, F.S.; revising provisions relating to selling or buying of minors into sex trafficking or prostitution; repealing s. 796.045, F.S., relating to sex trafficking; amending s. 905.34, F.S.; adding violations of ch. 787, F.S., to the jurisdiction of a statewide grand jury; amending s. 934.07, F.S.; providing additional authorization for the interception of wire, oral, or electronic communications; amending ss. 943.0435, 944.606, and 944.607, F.S.; adding additional offenses to the list of sexual offender qualifying offenses; amending ss. 90.404, 772.102, 794.056, 895.02, and 938.085, F.S.; conforming cross-references; amending s. 921.0022, F.S.; ranking offenses on the sentencing guidelines chart of the Criminal Punishment Code; providing an effective date.

—was read the second time by title.

Pursuant to Rule 4.19, **CS for SB 1880** was placed on the calendar of Bills on Third Reading.

By direction of the President, the rules were waived and the Senate reverted to—

BILLS ON THIRD READING

The Senate resumed consideration of—

CS for HB 1197—A bill to be entitled An act relating to agriculture; amending s. 163.3162, F.S.; defining the term “governmental entity”; prohibiting certain governmental entities from charging stormwater management assessments or fees on certain bona fide farm operations except under certain circumstances; providing for applicability; conforming provisions; amending s. 479.11, F.S.; conforming provisions; amending s. 570.07, F.S.; revising the powers and duties of the Department of Agricultural and Consumer Services to enforce laws and rules relating to the use of commercial stock feeds; amending s. 580.036, F.S.; authorizing the department to adopt rules establishing certain standards for regulating commercial feed or feedstuff; requiring the department to consult with the Commercial Feed Technical Council in the development of such rules; amending s. 586.02, F.S.; defining the term “apiculture” for purposes of the Florida Honey Certification and Honeybee Law; conforming provisions; creating s. 586.055, F.S.; authorizing apiaries to be located on certain lands; amending s. 586.10, F.S.; providing for preemption to the state of authority to regulate, inspect, and permit managed honeybee colonies; providing that certain local government ordinances are superseded; revising the powers and duties of the Department of Agriculture and Consumer Services relating to honey certification and honeybees; requiring the department to adopt rules and, before adopting certain rules, consult with local governments and other affected stakeholders; amending s. 599.004, F.S.; revising qualifications for a certified Florida Farm Winery; reenacting s. 561.24(5), F.S., relating to limitations on the issuance of wine distributor licenses and exporter registrations, to incorporate changes made by the act to s. 599.004, F.S., in a reference thereto; amending s. 604.50, F.S.; defining the term “farm sign”; providing an exemption from the Florida Building Code for farm signs; prohibiting farm signs located on public roads from violating certain standards; limiting the authority of local governments to enforce certain requirements with respect to farm signs; amending s. 823.14, F.S.; revising definitions relating to the Florida Right to Farm Act; limiting the conditions under which apiculture or the placement of apiaries may be deemed public or private nuisances; limiting the authority of local governments to regulate apiculture and the placement of apiaries on agricultural land; reenacting ss. 163.3163(3)(b), 193.461(5), 403.9337(4), 570.961(4), and 812.015(1)(g), F.S., relating to agricultural lands and practices, the Agricultural Land Acknowledgement Act, the classification and tax assessment of agricultural lands, an exemption from certain provisions related to the Model Ordinance for Florida-Friendly Fertilizer Use on Urban Landscapes, provisions related to the promotion of agritourism, and penalties for retail or farm theft, respectively, to incorporate amendments made by the act to s. 823.14, F.S., in references thereto; providing an effective date.

—which was previously reconsidered as amended this day.

RECONSIDERATION OF AMENDMENT

On motion by Senator Rich, the Senate reconsidered the vote by which **Amendment 3 (303390)** by Senator Bogdanoff was adopted by two-thirds vote. **Amendment 3 (303390)** was adopted by two-thirds vote.

On motion by Senator Hays, **CS for HB 1197** as amended was passed and certified to the House. The vote on passage was:

Yeas—33

Mr. President	Bullard	Garcia
Alexander	Dean	Gardiner
Altman	Detert	Gibson
Benacquisto	Diaz de la Portilla	Hays
Bennett	Dockery	Latvala
Bogdanoff	Evers	Lynn
Braynon	Fasano	Margolis

Montford	Richter	Sobel	Joyner	Oelrich	Smith
Negron	Simmons	Storms	Latvala	Rich	Sobel
Norman	Siplin	Thrasher	Lynn	Richter	Storms
Oelrich	Smith	Wise	Margolis	Ring	Thrasher
			Montford	Sachs	Wise
Nays—3			Negron	Simmons	
			Norman	Siplin	
Joyner	Rich	Sachs			

Vote after roll call:

Yea to Nay—Sobel

MOTIONS RELATING TO COMMITTEE REFERENCE

On motion by Senator Bennett, by two-thirds vote **CS for HB 387** was withdrawn from the Committees on Community Affairs; and Regulated Industries and by two-thirds vote placed on the Special Order Calendar.

By direction of the President, the rules were waived and the Senate proceeded to—

SPECIAL ORDER CALENDAR

CS for HB 387—A bill to be entitled An act relating to electronic filing of construction plans; amending s. 468.604, F.S.; providing a legislative finding; providing for certain documents to be electronically signed and sealed by the licensee and electronically transmitted to a building code administrator or building official for approval; providing an effective date.

—was read the second time by title. On motion by Senator Bennett, by two-thirds vote **CS for HB 387** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—39

Mr. President	Fasano	Norman
Alexander	Flores	Oelrich
Altman	Garcia	Rich
Benacquisto	Gardiner	Richter
Bennett	Gibson	Ring
Bogdanoff	Hays	Sachs
Braynon	Jones	Simmons
Bullard	Joyner	Siplin
Dean	Latvala	Smith
Detert	Lynn	Sobel
Diaz de la Portilla	Margolis	Storms
Dockery	Montford	Thrasher
Evers	Negron	Wise

Nays—None

RECESS

On motion by Senator Thrasher, the Senate recessed at 11:22 a.m. to reconvene at 2:00 p.m.

AFTERNOON SESSION

The Senate was called to order by President Haridopolos at 2:18 p.m. A quorum present—40:

Mr. President	Bullard	Flores
Alexander	Dean	Gaetz
Altman	Detert	Garcia
Benacquisto	Diaz de la Portilla	Gardiner
Bennett	Dockery	Gibson
Bogdanoff	Evers	Hays
Braynon	Fasano	Jones

SPECIAL ORDER CALENDAR

CS for CS for SB 1860—A bill to be entitled An act relating to motor vehicle personal injury protection insurance; amending s. 316.066, F.S.; revising the conditions for completing the long-form traffic crash report; revising the information contained in the short-form report; revising the requirements relating to the driver's responsibility for submitting a report for crashes not requiring a law enforcement report; amending s. 400.9905, F.S.; providing that certain entities exempt from licensure as a health care clinic must nonetheless be licensed in order to receive reimbursement for the provision of personal injury protection benefits; amending s. 400.991, F.S.; requiring that an application for licensure, or exemption from licensure, as a health care clinic include a statement regarding insurance fraud; amending s. 626.989, F.S.; providing that knowingly submitting false, misleading, or fraudulent documents relating to licensure as a health care clinic, or submitting a claim for personal injury protection relating to clinic licensure documents, is a fraudulent insurance act under certain conditions; amending s. 626.9894, F.S.; conforming provisions to changes made by act; creating s. 626.9895, F.S.; providing definitions; authorizing the Division of Insurance Fraud of the Department of Financial Services to establish a direct-support organization for the purpose of prosecuting, investigating, and preventing motor vehicle insurance fraud; providing requirements for, and duties of, the organization; requiring that the organization operate pursuant to a contract with the division; providing for the requirements of the contract; providing for a board of directors; authorizing the organization to use the division's property and facilities subject to certain requirements; requiring that the department adopt rules relating to procedures for the organization's governance and relating to conditions for the use of the division's property or facilities; authorizing contributions from insurers; authorizing any moneys received by the organization to be held in a separate depository account in the name of the organization; requiring that the division deposit certain proceeds into the Insurance Regulatory Trust Fund; amending s. 627.736, F.S.; excluding massage and acupuncture from medical benefits that may be reimbursed under the motor vehicle no-fault law; requiring that an insurer give priority to the payment of death benefits under certain conditions; requiring that an insurer repay any benefits covered by the Medicaid program; requiring that an insurer provide a claimant an opportunity to revise claims that contain errors; including hospitals within a requirement for insurers to reserve a portion of personal injury protection benefits; requiring that an insurer create and maintain a log of personal injury protection benefits paid and that the insurer provide to the insured or an assignee of the insured, upon request, a copy of the log; revising the Medicare fee schedules that an insurer may use as a basis for limiting reimbursement of personal injury protection benefits; providing that the Medicare fee schedule in effect on a specific date applies for purposes of limiting such reimbursement; authorizing insurers to apply certain Medicare coding policies and payment methodologies; requiring that an insurer that limits payments based on the statutory fee schedule include a notice in insurance policies at the time of issuance or renewal; deleting obsolete provisions; providing that certain entities exempt from licensure as a clinic must nonetheless be licensed to receive reimbursement for the provision of personal injury protection benefits; providing exceptions; requiring that an insurer notify parties in disputes over personal injury protection claims when policy limits are reached; providing exceptions; providing criteria for determining when a demand letter is deficient; consolidating provisions relating to unfair or deceptive practices under certain conditions; eliminating a requirement that all parties mutually and expressly agree for the use of electronic transmission of data; amending s. 817.234, F.S.; providing that it is insurance fraud to present a claim for personal injury protection benefits payable to a person or entity that knowingly submitted false, misleading, or fraudulent documents relating to licensure as a health care clinic; providing that a licensed health care practitioner guilty of certain insurance fraud loses his or her license and may not receive reimbursement for personal injury protection benefits for a specified period; defining the term "insurer"; amending s. 316.065, F.S.; conforming a cross-reference;

requiring that the Office of Insurance Regulation perform a data call relating to personal injury protection; prescribing required elements of the data call; providing for severability; providing effective dates.

—was read the second time by title.

SENATOR BENNETT PRESIDING

Senator Latvala moved the following amendment which failed:

Amendment 1 (148384) (with title amendment)—Between lines 1234 and 1235 insert:

(g) An insured seeking benefits under ss. 627.730–627.7405, including omnibus insureds, must comply with the terms of the policy, which include, but are not limited to, submitting to an examination under oath. The scope of questioning during the examination under oath is limited to relevant information or information that could reasonably be expected to lead to relevant information. Compliance with this paragraph is a condition precedent to receiving benefits. An insurer that, as a general practice as determined by the office, requests an examination under oath of an insured or an omnibus insured without a reasonable basis is subject to s. 626.9541.

And the title is amended as follows:

Between lines 75 and 76 insert: providing that an insured must comply with the terms of the policy, including submitting to examinations under oath;

THE PRESIDENT PRESIDING

Senator Richter moved the following amendment which was adopted:

Amendment 2 (341236) (with title amendment)—Between lines 1390 and 1391 insert:

Section 9. Section 627.7405, Florida Statutes, is amended to read:

627.7405 Insurers' right of reimbursement.—

(1) Notwithstanding any other provisions of ss. 627.730–627.7405, an insurer providing personal injury protection benefits on a private passenger motor vehicle shall have, to the extent of any personal injury protection benefits paid to any person as a benefit arising out of such private passenger motor vehicle insurance, a right of reimbursement against the owner or the insurer of the owner of a commercial motor vehicle, if the benefits paid result from such person having been an occupant of the commercial motor vehicle or having been struck by the commercial motor vehicle while not an occupant of any self-propelled vehicle.

(2) The insurer's right of reimbursement under this section does not apply to an owner or registrant as identified in s. 627.733(1)(b).

And the title is amended as follows:

Delete line 81 and insert: transmission of data; amending s. 627.7405, F.S.; providing an exception from an insurer's right of reimbursement for certain owners or registrants; amending s. 817.234, F.S.;

MOTION

On motion by Senator Thrasher, the rules were waived and time of recess was extended until completion of **CS for CS for SB 1860**.

SENATOR BENNETT PRESIDING

THE PRESIDENT PRESIDING

MOTION

On motion by Senator Richter, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Richter moved the following amendment:

Amendment 3 (202446) (with title amendment)—Delete lines 1235–1240 and insert:

(8) APPLICABILITY OF PROVISION REGULATING ATTORNEY ATTORNEYS FEES.—With respect to any dispute under the provisions of ss. 627.730–627.7405 between the insured and the insurer, or between an assignee of an insured's rights and the insurer, the provisions of ss. ~~627.428 and 768.79~~ shall apply, except as provided in subsections (10) and (15), and except that any attorney fees recovered must:

(a) Comply with prevailing professional standards;

(b) Appropriately discount the attorney fees for work performed, or capable of being performed, by a paralegal or legal assistant;

(c) Not overstate or inflate the number of hours reasonably necessary for a case of comparable skill or complexity; and

(d) Represent legal services that are reasonable and necessary to achieve the result obtained.

Upon request by either party, a judge must make written findings, substantiated by evidence presented at trial or any hearings associated therewith, that any award of attorney fees complies with this subsection. Notwithstanding s. 627.428, the attorney fees recovered under ss. 627.730–627.7405 must be calculated without regard to a contingency risk multiplier.

And the title is amended as follows:

Between lines 75 and 76 insert: providing criteria for the award of attorney fees; prohibiting the use of a contingency risk multiplier;

MOTION

On motion by Senator Diaz de la Portilla, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Diaz de la Portilla moved the following substitute amendment which was adopted:

Amendment 4 (230376) (with title amendment)—Delete lines 1236–1240 and insert: **ATTORNEYS FEES.**—

(a) With respect to any dispute under the provisions of ss. 627.730–627.7405 between the insured and the insurer, or between an assignee of an insured's rights and the insurer, the provisions of ss. ~~627.428 and 768.79~~ shall apply, except as provided in subsections (10) and (15), and except that any attorney fees recovered must:

1. Comply with prevailing professional standards;

2. Ensure that the attorney fees for work performed by an attorney does not duplicate work performed by a paralegal or legal assistant; and

3. Not overstate or inflate the number of hours reasonably necessary for a case of comparable skill or complexity.

(b) Notwithstanding s. 627.428 and this subsection, it shall be presumed that any attorney fees awarded under ss. 627.730–627.7405 are calculated without regard to a contingency risk multiplier. This presumption may be overcome only if the court makes findings of fact based upon competent evidence in the record which establishes that:

1. The party requesting the multiplier would have faced substantial difficulties finding competent counsel to pursue the case in the relevant market but for the consideration of a fee multiplier;

2. Consideration of a fee multiplier was a necessary incentive to obtain competent counsel to pursue the case;

3. The claim would not be economically feasible to hire an attorney on a noncontingent, fixed-fee basis;

4. The attorney was unable to mitigate the risk of nonpayment of attorney fees in any other way; and

5. The use of a multiplier is justified based on factors such as the amount of risk undertaken by the attorney at the outset of the case, the

results obtained, and the type of fee arrangement between the attorney and client.

(c) Paragraph (b) does not apply to a case where class action status has been sought or granted, and a contingency risk multiplier may be applied in such cases notwithstanding paragraph (b).

(d) Upon the request of either party, a judge must make written findings, substantiated by evidence presented at trial or any hearings associated with the trial, that an award of attorney fees complies with this subsection.

And the title is amended as follows:

Between lines 75 and 76 insert: providing criteria for the award of attorney fees; providing a presumption regarding the use of a contingency risk multiplier;

The vote was:

Yeas—24

Alexander	Fasano	Norman
Braynon	Gaetz	Rich
Bullard	Garcia	Ring
Dean	Gibson	Sachs
Detert	Jones	Siplin
Diaz de la Portilla	Joyner	Smith
Dockery	Lynn	Sobel
Evers	Margolis	Storms

Nays—15

Mr. President	Gardiner	Oelrich
Altman	Hays	Richter
Benacquisto	Latvala	Simmons
Bennett	Montford	Thrasher
Bogdanoff	Negron	Wise

MOTION

On motion by Senator Negron, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Negron moved the following amendment:

Amendment 5 (435312) (with title amendment)—Delete lines 507-1390 and insert:

Section 7. Subsections (1), (4), (5), (6), (8), (9), (10), and (11) of section 627.736, Florida Statutes, are amended to read:

627.736 Required personal injury protection benefits; exclusions; priority; claims.—

(1) **REQUIRED BENEFITS.**—~~An Every~~ insurance policy complying with the security requirements of s. 627.733 ~~must shall~~ provide personal injury protection to the named insured, relatives residing in the same household, persons operating the insured motor vehicle, passengers in the ~~such~~ motor vehicle, and other persons struck by the ~~such~~ motor vehicle and suffering bodily injury while not an occupant of a self-propelled vehicle, subject to the provisions of subsection (2) and paragraph (4)(e), to a limit of \$10,000 in medical and disability benefits and \$5,000 in death benefits resulting from ~~for loss sustained by any such person as a result of~~ bodily injury, sickness, disease, or death arising out of the ownership, maintenance, or use of a motor vehicle as follows:

(a) Medical benefits.—Eighty percent of all reasonable expenses for medically necessary medical, surgical, X-ray, dental, and rehabilitative services, including prosthetic devices, and medically necessary ambulance, hospital, and nursing services ~~if the individual receives initial services and care pursuant to subparagraph 1. within 14 days after the motor vehicle accident. However,~~ The medical benefits ~~shall~~ provide reimbursement only for: ~~such~~

1. Initial services and care that are lawfully provided, supervised, ordered, or prescribed by a physician licensed under chapter 458 or

chapter 459, by a dentist licensed under chapter 466, or ~~a chiropractic physician licensed under chapter 460~~ or that are provided in a hospital or in a facility that owns, or is wholly owned by, a hospital. Initial services and care may also be provided by a person or entity licensed under part III of chapter 401 which provides emergency transportation and treatment.

2. Followup services and care consistent with the underlying medical diagnosis rendered pursuant to subparagraph 1. which may be provided, supervised, ordered, or prescribed only by a physician licensed under chapter 458 or chapter 459, a chiropractic physician licensed under chapter 460, a dentist licensed under chapter 466, or, to the extent permitted by applicable law and under the supervision of such physician, osteopathic physician, chiropractic physician, or dentist, by a physician assistant licensed under chapter 458 or chapter 459 or an advanced registered nurse practitioner licensed under chapter 464. Followup services and care may also be provided by any of the following persons or entities:

~~a.1.~~ A hospital or ambulatory surgical center licensed under chapter 395.

~~2. A person or entity licensed under ss. 401.2101-401.45 that provides emergency transportation and treatment.~~

~~b.3.~~ An entity wholly owned by one or more physicians licensed under chapter 458 or chapter 459, chiropractic physicians licensed under chapter 460, or dentists licensed under chapter 466 or by such ~~practitioner or practitioners~~ and the spouse, parent, child, or sibling of ~~such that practitioner or those practitioners.~~

~~c.4.~~ An entity *that owns or is* wholly owned, directly or indirectly, by a hospital or hospitals.

d. A physical therapist licensed under chapter 486.

~~e.5.~~ A health care clinic licensed under *part X of chapter 400* which ~~ss. 400.990-400.995 that is:~~

~~a.~~ accredited by the Joint Commission on Accreditation of Healthcare Organizations, the American Osteopathic Association, the Commission on Accreditation of Rehabilitation Facilities, or the Accreditation Association for Ambulatory Health Care, Inc.; or

~~b. A health care clinic that:~~

(I) Has a medical director licensed under chapter 458, chapter 459, or chapter 460;

(II) Has been continuously licensed for more than 3 years or is a publicly traded corporation that issues securities traded on an exchange registered with the United States Securities and Exchange Commission as a national securities exchange; and

(III) Provides at least four of the following medical specialties:

(A) General medicine.

(B) Radiography.

(C) Orthopedic medicine.

(D) Physical medicine.

(E) Physical therapy.

(F) Physical rehabilitation.

(G) Prescribing or dispensing outpatient prescription medication.

(H) Laboratory services.

3. Reimbursement for services and care provided by each type of licensed medical provider authorized to render such services and care is limited to the lesser of 24 treatments or to services or care rendered within 12 weeks after the date of the initial treatment, whichever comes first, unless the insurer authorizes additional services or care.

4. Medical benefits do not include massage as defined in s. 480.033 or acupuncture as defined in s. 457.102, regardless of the person, entity, or licensee providing massage or acupuncture, and a licensed massage

therapist or licensed acupuncturist may not be reimbursed for medical benefits under this section.

5. The Financial Services Commission shall adopt by rule the form that must be used by an insurer and a health care provider specified in sub-subparagraph 3.b., sub-subparagraph 3.c., or sub-subparagraph 3.e. ~~subparagraph 3., subparagraph 4., or subparagraph 5.~~ to document that the health care provider meets the criteria of this paragraph, which rule must include a requirement for a sworn statement or affidavit.

(b) Disability benefits.—Sixty percent of any loss of gross income and loss of earning capacity per individual from inability to work proximately caused by the injury sustained by the injured person, plus all expenses reasonably incurred in obtaining from others ordinary and necessary services in lieu of those that, but for the injury, the injured person would have performed without income for the benefit of his or her household. All disability benefits payable under this provision ~~must~~ *shall* be paid at ~~least not less than~~ every 2 weeks.

(c) Death benefits.—Death benefits ~~equal to the lesser of \$5,000 or the remainder of unused personal injury protection benefits~~ per individual. *Death benefits are in addition to the medical and disability benefits provided under the insurance policy.* The insurer may pay death ~~such~~ benefits to the executor or administrator of the deceased, to any of the deceased's relatives by blood, or legal adoption, or ~~connection by~~ marriage, or to any person appearing to the insurer to be equitably entitled to such benefits ~~thereto~~.

Only insurers writing motor vehicle liability insurance in this state may provide the required benefits of this section, and ~~no~~ such insurer *may not* ~~shall~~ require the purchase of any other motor vehicle coverage other than the purchase of property damage liability coverage as required by s. 627.7275 as a condition for providing such ~~required~~ benefits. Insurers may not require that property damage liability insurance in an amount greater than \$10,000 be purchased in conjunction with personal injury protection. Such insurers shall make benefits and required property damage liability insurance coverage available through normal marketing channels. ~~An~~ Any insurer writing motor vehicle liability insurance in this state who fails to comply with such availability requirement as a general business practice ~~violates~~ *shall be deemed to have violated* part IX of chapter 626, and such violation ~~constitutes~~ *shall constitute* an unfair method of competition or an unfair or deceptive act or practice involving the business of insurance. ~~Any~~ *and any* such insurer committing such violation ~~is~~ *shall be* subject to the penalties *provided under that afforded in such part, as well as those provided which may be afforded* elsewhere in the insurance code.

(4) ~~PAYMENT OF BENEFITS; WHEN DUE.~~—Benefits due from an insurer under ss. 627.730-627.7405 ~~are~~ *shall be* primary, except that benefits received under any workers' compensation law ~~must~~ *shall be* credited against the benefits provided by subsection (1) and ~~are~~ *shall be* due and payable as loss accrues; upon receipt of reasonable proof of such loss and the amount of expenses and loss incurred which are covered by the policy issued under ss. 627.730-627.7405. ~~If~~ *When* the Agency for Health Care Administration provides, pays, or becomes liable for medical assistance under the Medicaid program related to injury, sickness, disease, or death arising out of the ownership, maintenance, or use of a motor vehicle, the benefits under ss. 627.730-627.7405 ~~are~~ *shall be* subject to the ~~provisions of~~ the Medicaid program. *However, within 30 days after receiving notice that the Medicaid program paid such benefits, the insurer shall repay the full amount of the benefits to the Medicaid program.*

(a) An insurer may require written notice to be given as soon as practicable after an accident involving a motor vehicle with respect to which the policy affords the security required by ss. 627.730-627.7405.

(b) Personal injury protection insurance benefits paid pursuant to this section ~~are~~ *shall be* overdue if not paid within 30 days after the insurer is furnished written notice of the fact of a covered loss and of the amount of same. *However:*

1. If ~~such~~ written notice of the entire claim is not furnished to the insurer ~~as to the entire claim~~, any partial amount supported by written notice is overdue if not paid within 30 days after ~~such~~ written notice is furnished to the insurer. Any part or all of the remainder of the claim that is subsequently supported by written notice is overdue if not paid within 30 days after ~~such~~ written notice is furnished to the insurer.

2. ~~If~~ *When* an insurer pays only a portion of a claim or rejects a claim, the insurer shall provide at the time of the partial payment or rejection an itemized specification of each item that the insurer had reduced, omitted, or declined to pay and any information that the insurer desires the claimant to consider related to the medical necessity of the denied treatment or to explain the reasonableness of the reduced charge *if, provided that this does* ~~shall~~ not limit the introduction of evidence at trial; ~~and~~ *The insurer must also* ~~shall~~ include the name and address of the person to whom the claimant should respond and a claim number to be referenced in future correspondence.

3. *If an insurer pays only a portion of a claim or rejects a claim due to an alleged error in the claim, the insurer, at the time of the partial payment or rejection, shall provide an itemized specification or explanation of benefits due to the specified error. Upon receiving the specification or explanation, the person making the claim, at the person's option and without waiving any other legal remedy for payment, has 15 days to submit a revised claim, which shall be considered a timely submission of written notice of a claim.*

4. ~~However,~~ Notwithstanding the fact that written notice has been furnished to the insurer, ~~any~~ payment ~~is~~ *shall not be deemed* overdue ~~if~~ *when* the insurer has reasonable proof ~~to establish~~ that the insurer is not responsible for the payment.

5. For the purpose of calculating the extent to which ~~any~~ benefits are overdue, payment shall be treated as being made on the date a draft or other valid instrument ~~that~~ *which* is equivalent to payment was placed in the United States mail in a properly addressed, postpaid envelope or, if not so posted, on the date of delivery.

6. This paragraph does not preclude or limit the ability of the insurer to assert that the claim was unrelated, was not medically necessary, or was unreasonable or that the amount of the charge was in excess of that permitted under, or in violation of, subsection (5). Such assertion ~~by the insurer~~ may be made at any time, including after payment of the claim or after the 30-day ~~time~~ period for payment set forth in this paragraph.

(c) Upon receiving notice of an accident that is potentially covered by personal injury protection benefits, the insurer must reserve \$5,000 of personal injury protection benefits for payment to physicians licensed under chapter 458 or chapter 459 or dentists licensed under chapter 466 who provide emergency services and care, as defined in s. 395.002(4), or who provide hospital inpatient care. The amount required to be held in reserve may be used only to pay claims from such physicians or dentists until 30 days after the date the insurer receives notice of the accident. After the 30-day period, any amount of the reserve for which the insurer has not received notice of ~~such claims~~ *a claim from a physician or dentist who provided emergency services and care or who provided hospital inpatient care* may ~~then~~ be used by the insurer to pay other claims. The time periods specified in paragraph (b) for ~~required~~ payment of personal injury protection benefits ~~are~~ *shall be* tolled for the period of time that an insurer is required ~~by this paragraph~~ to hold payment of a claim that is not from ~~such a physician or dentist who provided emergency services and care or who provided hospital inpatient care~~ to the extent that the personal injury protection benefits not held in reserve are insufficient to pay the claim. This paragraph does not require an insurer to establish a claim reserve for insurance accounting purposes.

(d) All overdue payments ~~shall~~ bear simple interest at the rate established under s. 55.03 or the rate established in the insurance contract, whichever is greater, for the year in which the payment became overdue, calculated from the date the insurer was furnished with written notice of the amount of covered loss. Interest ~~is~~ *shall be* due at the time payment of the overdue claim is made.

(e) The insurer of the owner of a motor vehicle shall pay personal injury protection benefits for:

1. Accidental bodily injury sustained in this state by the owner while occupying a motor vehicle, or while not an occupant of a self-propelled vehicle if the injury is caused by physical contact with a motor vehicle.

2. Accidental bodily injury sustained outside this state, but within the United States of America or its territories or possessions or Canada, by the owner while occupying the owner's motor vehicle.

3. Accidental bodily injury sustained by a relative of the owner residing in the same household, under the circumstances described in subparagraph 1. or subparagraph 2., ~~if provided the relative at the time of the accident is domiciled in the owner's household and is not himself or herself the owner of a motor vehicle with respect to which security is required under ss. 627.730-627.7405.~~

4. Accidental bodily injury sustained in this state by any other person while occupying the owner's motor vehicle or, if a resident of this state, while not an occupant of a self-propelled vehicle, if the injury is caused by physical contact with such motor vehicle, ~~if provided the injured person is not himself or herself:~~

a. The owner of a motor vehicle with respect to which security is required under ss. 627.730-627.7405; or

b. Entitled to personal injury benefits from the insurer of the owner ~~or owners~~ of such a motor vehicle.

(f) If two or more insurers are liable ~~for paying to pay~~ personal injury protection benefits for the same injury to any one person, the maximum payable ~~is shall be~~ as specified in subsection (1), and ~~the any~~ insurer paying the benefits ~~is shall be~~ entitled to recover from each of the other insurers an equitable pro rata share of the benefits paid and expenses incurred in processing the claim.

(g) It is a violation of the insurance code for an insurer to fail to timely provide benefits as required by this section with such frequency as to constitute a general business practice.

(h) Benefits ~~are shall not be~~ due or payable to or on the behalf of an insured person if that person has committed, by a material act or omission, ~~any~~ insurance fraud relating to personal injury protection coverage under his or her policy, if the fraud is admitted to in a sworn statement by the insured or ~~if it is~~ established in a court of competent jurisdiction. Any insurance fraud ~~voids shall void~~ all coverage arising from the claim related to such fraud under the personal injury protection coverage of the insured person who committed the fraud, irrespective of whether a portion of the insured person's claim may be legitimate, and any benefits paid ~~before prior to~~ the discovery of the insured person's insurance fraud ~~is shall be~~ recoverable by the insurer in its entirety from the person who committed insurance fraud ~~in their entirety~~. The prevailing party is entitled to its costs and ~~attorney attorneys'~~ fees in any action in which it prevails in an insurer's action to enforce its right of recovery under this paragraph.

(i) *If an insurer has a reasonable belief that a fraudulent insurance act, as defined in s. 626.989 or s. 817.234, has been committed, the insurer shall notify the claimant in writing within 30 days after submission of the claim that the claim is being investigated for suspected fraud and execute and provide to the insured and the office an affidavit under oath stating that there is a factual basis that there is a probability of fraud. The insurer has an additional 60 days, beginning at the end of the initial 30-day period, to conduct its fraud investigation. Notwithstanding subsection (10), no later than the 90th day after the submission of the claim, the insurer must deny the claim or pay the claim along with simple interest as provided in paragraph (d). All claims denied for suspected fraudulent insurance acts shall be reported to the Division of Insurance Fraud.*

(j) *An insurer shall create and maintain for each insured a log of personal injury protection benefits paid by the insurer on behalf of the insured. If litigation is commenced, the insurer shall provide to the insured, or an assignee of the insured, a copy of the log within 30 days after receiving a request for the log from the insured or the assignee.*

(5) CHARGES FOR TREATMENT OF INJURED PERSONS.—

(a) ~~1.~~ ~~A~~ ~~Any~~ physician, hospital, clinic, or other person or institution lawfully rendering treatment to an injured person for a bodily injury covered by personal injury protection insurance may charge the insurer and injured party only a reasonable amount pursuant to this section for the services and supplies rendered, and the insurer providing such coverage may pay for such charges directly to such person or institution lawfully rendering such treatment; if the insured receiving such treatment or his or her guardian has countersigned the properly completed invoice, bill, or claim form approved by the office upon which such charges are to be paid for as having actually been rendered, to the best knowledge of the insured or his or her guardian. ~~In no event,~~ However,

~~may such a charge may not exceed be in excess of~~ the amount the person or institution customarily charges for like services or supplies. ~~In determining With respect to a determination of whether a charge for a particular service, treatment, or otherwise is reasonable, consideration may be given to evidence of usual and customary charges and payments accepted by the provider involved in the dispute, and reimbursement levels in the community and various federal and state medical fee schedules applicable to motor vehicle automobile and other insurance coverages, and other information relevant to the reasonableness of the reimbursement for the service, treatment, or supply.~~

~~1.2.~~ The insurer may limit reimbursement to 80 percent of the following schedule of maximum charges:

a. For emergency transport and treatment by providers licensed under chapter 401, 200 percent of Medicare.

b. For emergency services and care provided by a hospital licensed under chapter 395, 75 percent of the hospital's usual and customary charges.

c. For emergency services and care as defined by s. 395.002(4) provided in a facility licensed under chapter 395 rendered by a physician or dentist, and related hospital inpatient services rendered by a physician or dentist, the usual and customary charges in the community.

d. For hospital inpatient services, other than emergency services and care, 200 percent of the Medicare Part A prospective payment applicable to the specific hospital providing the inpatient services.

e. For hospital outpatient services, other than emergency services and care, 200 percent of the Medicare Part A Ambulatory Payment Classification for the specific hospital providing the outpatient services.

f. For all other medical services, supplies, and care, 200 percent of the allowable amount under:

(I) The participating physicians fee schedule of Medicare Part B, except as provided in sub-sub-paragraphs (II) and (III).

(II) Medicare Part B, in the case of services, supplies, and care provided by ambulatory surgical centers and clinical laboratories.

(III) The Durable Medical Equipment Prosthetics/Orthotics and Supplies fee schedule of Medicare Part B, in the case of durable medical equipment.

However, if such services, supplies, or care is not reimbursable under Medicare Part B, *as provided in this sub-subparagraph*, the insurer may limit reimbursement to 80 percent of the maximum reimbursable allowance under workers' compensation, as determined under s. 440.13 and rules adopted thereunder which are in effect at the time such services, supplies, or care is provided. Services, supplies, or care that is not reimbursable under Medicare or workers' compensation is not required to be reimbursed by the insurer.

~~2.2.~~ For purposes of subparagraph 1. ~~2.~~, the applicable fee schedule or payment limitation under Medicare is the fee schedule or payment limitation in effect on January 1 of the year in which ~~at the time the~~ services, supplies, or care ~~is was~~ rendered and for the area in which such services, supplies, or care ~~is were~~ rendered, and the applicable fee schedule or payment limitation applies throughout the remainder of that year, notwithstanding any subsequent change made to the fee schedule or payment limitation, except that it may not be less than the allowable amount under the applicable ~~participating physicians~~ schedule of Medicare Part B for 2007 for medical services, supplies, and care subject to Medicare Part B.

3.4. Subparagraph 1. ~~2.~~ does not allow the insurer to apply any limitation on the number of treatments or other utilization limits that apply under Medicare or workers' compensation. An insurer that applies the allowable payment limitations of subparagraph 1. ~~2.~~ must reimburse a provider who lawfully provided care or treatment under the scope of his or her license, regardless of whether such provider ~~is would be~~ entitled to reimbursement under Medicare due to restrictions or limitations on the types or discipline of health care providers who may be reimbursed for particular procedures or procedure codes. *However, subparagraph 1. does not prohibit an insurer from using the Medicare coding policies and payment methodologies of the federal Centers for*

Medicare and Medicaid Services, including applicable modifiers, to determine the appropriate amount of reimbursement for medical services, supplies, or care if the coding policy or payment methodology does not constitute a utilization limit.

4.5- If an insurer limits payment as authorized by subparagraph 1. 2-, the person providing such services, supplies, or care may not bill or attempt to collect from the insured any amount in excess of such limits, except for amounts that are not covered by the insured's personal injury protection coverage due to the coinsurance amount or maximum policy limits.

5. *Effective July 1, 2012, an insurer may limit payment as authorized by this paragraph only if the insurance policy includes a notice at the time of issuance or renewal that the insurer may limit payment pursuant to the schedule of charges specified in this paragraph. A policy form approved by the office satisfies this requirement. If a provider submits a charge for an amount less than the amount allowed under subparagraph 1., the insurer may pay the amount of the charge submitted.*

(b)1. An insurer or insured is not required to pay a claim or charges:

a. Made by a broker or by a person making a claim on behalf of a broker;

b. For any service or treatment that was not lawful at the time rendered;

c. To any person who knowingly submits a false or misleading statement relating to the claim or charges;

d. With respect to a bill or statement that does not substantially meet the applicable requirements of paragraph (d);

e. For any treatment or service that is upcoded, or that is unbundled when such treatment or services should be bundled, in accordance with paragraph (d). To facilitate prompt payment of lawful services, an insurer may change codes that it determines to have been improperly or incorrectly upcoded or unbundled, and may make payment based on the changed codes, without affecting the right of the provider to dispute the change by the insurer, *if, provided that* before doing so, the insurer ~~contacts~~ *must contact* the health care provider and *discusses* ~~discuss~~ the reasons for the insurer's change and the health care provider's reason for the coding, or *makes* ~~make~~ a reasonable good faith effort to do so, as documented in the insurer's file; and

f. For medical services or treatment billed by a physician and not provided in a hospital unless such services are rendered by the physician or are incident to his or her professional services and are included on the physician's bill, including documentation verifying that the physician is responsible for the medical services that were rendered and billed.

2. The Department of Health, in consultation with the appropriate professional licensing boards, shall adopt, by rule, a list of diagnostic tests deemed not to be medically necessary for use in the treatment of persons sustaining bodily injury covered by personal injury protection benefits under this section. ~~The initial list shall be adopted by January 1, 2004, and shall be revised from time to time as determined by the Department of Health, in consultation with the respective professional licensing boards. Inclusion of a test on the list of invalid diagnostic tests shall be based on lack of demonstrated medical value and a level of general acceptance by the relevant provider community and may shall not be dependent for results entirely upon subjective patient response. Notwithstanding its inclusion on a fee schedule in this subsection, an insurer or insured is not required to pay any charges or reimburse claims for an any invalid diagnostic test as determined by the Department of Health.~~

(c)4- With respect to any treatment or service, other than medical services billed by a hospital or other provider for emergency services and care as defined in s. 395.002 or inpatient services rendered at a hospital-owned facility, the statement of charges must be furnished to the insurer by the provider and may not include, and the insurer is not required to pay, charges for treatment or services rendered more than 35 days before the postmark date or electronic transmission date of the statement, except for past due amounts previously billed on a timely basis under this paragraph, and except that, if the provider submits to the insurer a notice of initiation of treatment within 21 days after its first examination

or treatment of the claimant, the statement may include charges for treatment or services rendered up to, but not more than, 75 days before the postmark date of the statement. The injured party is not liable for, and the provider may ~~shall~~ not bill the injured party for, charges that are unpaid because of the provider's failure to comply with this paragraph. Any agreement requiring the injured person or insured to pay for such charges is unenforceable.

1.2- ~~If, however,~~ the insured fails to furnish the provider with the correct name and address of the insured's personal injury protection insurer, the provider has 35 days from the date the provider obtains the correct information to furnish the insurer with a statement of the charges. The insurer is not required to pay for such charges unless the provider includes with the statement documentary evidence that was provided by the insured during the 35-day period demonstrating that the provider reasonably relied on erroneous information from the insured and either:

a. A denial letter from the incorrect insurer; or

b. Proof of mailing, which may include an affidavit under penalty of perjury, reflecting timely mailing to the incorrect address or insurer.

2.2- For emergency services and care ~~as defined in s. 395.002~~ rendered in a hospital emergency department or for transport and treatment rendered by an ambulance provider licensed pursuant to part III of chapter 401, the provider is not required to furnish the statement of charges within the time periods established by this paragraph, and the insurer ~~is shall~~ not be considered to have been furnished with notice of the amount of covered loss for purposes of paragraph (4)(b) until it receives a statement complying with paragraph (d), or copy thereof, which specifically identifies the place of service to be a hospital emergency department or an ambulance in accordance with billing standards recognized by the federal Centers for Medicare and Medicaid Services ~~Health Care Finance Administration~~.

3.4- Each notice of the insured's rights under s. 627.7401 must include the following statement *in at least 12-point type* ~~in type no smaller than 12 points~~:

BILLING REQUIREMENTS.—*Florida law provides* ~~Statutes~~

~~provide~~ that with respect to any treatment or services, other than certain hospital and emergency services, the statement of charges furnished to the insurer by the provider may not include, and the insurer and the injured party are not required to pay, charges for treatment or services rendered more than 35 days before the postmark date of the statement, except for past due amounts previously billed on a timely basis, and except that, if the provider submits to the insurer a notice of initiation of treatment within 21 days after its first examination or treatment of the claimant, the statement may include charges for treatment or services rendered up to, but not more than, 75 days before the postmark date of the statement.

(d) All statements and bills for medical services rendered by ~~a any~~ physician, hospital, clinic, or other person or institution shall be submitted to the insurer on a properly completed Centers for Medicare and Medicaid Services (CMS) 1500 form, UB 92 forms, or any other standard form approved by the office or adopted by the commission for purposes of this paragraph. All billings for such services rendered by providers *must shall*, to the extent applicable, follow the Physicians' Current Procedural Terminology (CPT) or Healthcare Correct Procedural Coding System (HCPCS), or ICD-9 in effect for the year in which services are rendered and comply with the ~~Centers for Medicare and Medicaid Services (CMS)~~ 1500 form instructions, ~~and the American Medical Association Current Procedural Terminology (CPT) Editorial Panel, and the Healthcare Correct Procedural Coding System (HCPCS).~~ All providers, other than hospitals, *must shall* include on the applicable claim form the professional license number of the provider in the line or space provided for "Signature of Physician or Supplier, Including Degrees or Credentials." In determining compliance with applicable CPT and HCPCS coding, guidance shall be provided by the Physicians' Current Procedural Terminology (CPT) or the Healthcare Correct Procedural Coding System (HCPCS) in effect for the year in which services were rendered, the Office of the Inspector General ~~(OIG)~~, Physicians Compliance Guidelines, and other authoritative treatises designated by rule by the Agency for Health Care Administration. ~~A No~~ statement of medical services may *not* include charges for medical services of a person or entity that performed such services without possessing the valid licenses required to

perform such services. For purposes of paragraph (4)(b), an insurer ~~shall not be~~ considered to have been furnished with notice of the amount of covered loss or medical bills due unless the statements or bills comply with this paragraph, and ~~unless the statements or bills~~ are properly completed in their entirety as to all material provisions, with all relevant information being provided therein.

(e)1. At the initial treatment or service provided, each physician, other licensed professional, clinic, or other medical institution providing medical services upon which a claim for personal injury protection benefits is based shall require an insured person, or his or her guardian, to execute a disclosure and acknowledgment form, which reflects at a minimum that:

a. The insured, or his or her guardian, must countersign the form attesting to the fact that the services set forth therein were actually rendered;

b. The insured, or his or her guardian, has both the right and affirmative duty to confirm that the services were actually rendered;

c. The insured, or his or her guardian, was not solicited by any person to seek any services from the medical provider;

d. The physician, other licensed professional, clinic, or other medical institution rendering services for which payment is being claimed explained the services to the insured or his or her guardian; and

e. If the insured notifies the insurer in writing of a billing error, the insured may be entitled to a certain percentage of a reduction in the amounts paid by the insured's motor vehicle insurer.

2. The physician, other licensed professional, clinic, or other medical institution rendering services for which payment is being claimed has the affirmative duty to explain the services rendered to the insured, or his or her guardian, so that the insured, or his or her guardian, countersigns the form with informed consent.

3. Countersignature by the insured, or his or her guardian, is not required for the reading of diagnostic tests or other services that are of such a nature that they are not required to be performed in the presence of the insured.

4. The licensed medical professional rendering treatment for which payment is being claimed must sign, by his or her own hand, the form complying with this paragraph.

5. The original completed disclosure and acknowledgment form shall be furnished to the insurer pursuant to paragraph (4)(b) and may not be electronically furnished.

6. ~~The~~ This disclosure and acknowledgment form is not required for services billed by a provider ~~for emergency services as defined in s. 395.002~~, for emergency services and care as defined in s. 395.002 rendered in a hospital emergency department, or for transport and treatment rendered by an ambulance provider licensed pursuant to part III of chapter 401.

7. The Financial Services Commission shall adopt, by rule, a standard disclosure and acknowledgment form ~~to that shall~~ be used to fulfill the requirements of this paragraph, ~~effective 90 days after such form is adopted and becomes final. The commission shall adopt a proposed rule by October 1, 2003. Until the rule is final, the provider may use a form of its own which otherwise complies with the requirements of this paragraph.~~

8. As used in this paragraph, the term "countersign" or "counter-signature" ~~"countersigned"~~ means a second or verifying signature, as on a previously signed document, and is not satisfied by the statement "signature on file" or any similar statement.

9. The requirements of this paragraph apply only with respect to the initial treatment or service of the insured by a provider. For subsequent treatments or service, the provider must maintain a patient log signed by the patient, in chronological order by date of service, ~~which that~~ is consistent with the services being rendered to the patient as claimed. ~~The requirement to maintain requirements of this subparagraph for maintaining~~ a patient log signed by the patient may be met by a hospital

that maintains medical records as required by s. 395.3025 and applicable rules and makes such records available to the insurer upon request.

(f) Upon written notification by any person, an insurer shall investigate any claim of improper billing by a physician or other medical provider. The insurer shall determine if the insured was properly billed for only those services and treatments that the insured actually received. If the insurer determines that the insured has been improperly billed, the insurer shall notify the insured, the person making the written notification, and the provider of its findings and ~~shall~~ reduce the amount of payment to the provider by the amount determined to be improperly billed. If a reduction is made due to a ~~such~~ written notification by any person, the insurer shall pay to the person 20 percent of the amount of the reduction, up to \$500. If the provider is arrested due to the improper billing, ~~then~~ the insurer shall pay to the person 40 percent of the amount of the reduction, up to \$500.

(g) An insurer may not systematically downcode with the intent to deny reimbursement otherwise due. Such action constitutes a material misrepresentation under s. 626.9541(1)(i)2.

(h) *As provided in s. 400.9905, an entity excluded from the definition of a clinic shall be deemed a clinic and must be licensed under part X of chapter 400 in order to receive reimbursement under ss. 627.730-627.7405. However, this licensing requirement does not apply to:*

1. *An entity wholly owned by a physician licensed under chapter 458 or chapter 459, or by the physician and the spouse, parent, child, or sibling of the physician;*

2. *An entity wholly owned by a dentist licensed under chapter 466, or by the dentist and the spouse, parent, child, or sibling of the dentist;*

3. *An entity wholly owned by a chiropractic physician licensed under chapter 460, or by the chiropractic physician and the spouse, parent, child, or sibling of the chiropractic physician;*

4. *A hospital or ambulatory surgical center licensed under chapter 395;*

5. *An entity that wholly owns or is wholly owned, directly or indirectly, by a hospital or hospitals licensed under chapter 395; or*

6. *An entity that is a clinical facility affiliated with an accredited medical school at which training is provided for medical students, residents, or fellows.*

(6) DISCOVERY OF FACTS ABOUT AN INJURED PERSON; DISPUTES.—

(a) ~~Every employer shall,~~ If a request is made by an insurer providing personal injury protection benefits under ss. 627.730-627.7405 against whom a claim has been made, ~~an employer must furnish forthwith,~~ in a form approved by the office, a sworn statement of the earnings, since the time of the bodily injury and for a reasonable period before the injury, of the person upon whose injury the claim is based.

(b) Every physician, hospital, clinic, or other medical institution providing, before or after bodily injury upon which a claim for personal injury protection insurance benefits is based, any products, services, or accommodations in relation to that or any other injury, or in relation to a condition claimed to be connected with that or any other injury, shall, if requested to ~~do so~~ by the insurer against whom the claim has been made, furnish ~~forthwith~~ a written report of the history, condition, treatment, dates, and costs of such treatment of the injured person and why the items identified by the insurer were reasonable in amount and medically necessary, together with a sworn statement that the treatment or services rendered were reasonable and necessary with respect to the bodily injury sustained and identifying which portion of the expenses for such treatment or services was incurred as a result of such bodily injury, and produce ~~forthwith~~, and ~~allow permit~~ the inspection and copying of, his or her or its records regarding such history, condition, treatment, dates, and costs of treatment ~~if, provided that this does shall~~ not limit the introduction of evidence at trial. Such sworn statement ~~must shall~~ read as follows: "Under penalty of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief." A ~~No~~ cause of action for violation of the physician-patient privilege or invasion of the right of privacy ~~may not be brought shall be permitted~~ against any physician, hospital, clinic, or other medical in-

stitution complying with the provisions of this section. The person requesting such records and such sworn statement shall pay all reasonable costs connected therewith. If an insurer makes a written request for documentation or information under this paragraph within 30 days after having received notice of the amount of a covered loss under paragraph (4)(a), the amount or the partial amount that which is the subject of the insurer's inquiry is ~~shall become~~ overdue if the insurer does not pay in accordance with paragraph (4)(b) or within 10 days after the insurer's receipt of the requested documentation or information, whichever occurs later. ~~As used in~~ For purposes of this paragraph, the term "receipt" includes, but is not limited to, inspection and copying pursuant to this paragraph. ~~An~~ Any insurer that requests documentation or information pertaining to reasonableness of charges or medical necessity under this paragraph without a reasonable basis for such requests as a general business practice is engaging in an unfair trade practice under the insurance code.

(c) In the event of a ~~any~~ dispute regarding an insurer's right to discovery of facts under this section, the insurer may petition a court of competent jurisdiction to enter an order permitting such discovery. The order may be made only on motion for good cause shown and upon notice to all persons having an interest, and ~~must it shall~~ specify the time, place, manner, conditions, and scope of the discovery. ~~Such court may,~~ In order to protect against annoyance, embarrassment, or oppression, as justice requires, ~~the court may~~ enter an order refusing discovery or specifying conditions of discovery and may order payments of costs and expenses of the proceeding, including reasonable fees for the appearance of attorneys at the proceedings, as justice requires.

(d) The injured person shall be furnished, upon request, a copy of all information obtained by the insurer under the provisions of this section, and ~~shall~~ pay a reasonable charge, if required by the insurer.

(e) Notice to an insurer of the existence of a claim ~~may shall~~ not be unreasonably withheld by an insured.

(f) *In a dispute between the insured and the insurer, or between an assignee of the insured's rights and the insurer, the insurer must notify the insured or the assignee that the policy limits under this section have been reached within 15 days after the limits have been reached.*

(8) **APPLICABILITY OF PROVISION REGULATING ATTORNEY ATTORNEYS FEES.**—With respect to any dispute under the provisions of ss. 627.730-627.7405 between the insured and the insurer, or between an assignee of an insured's rights and the insurer, the provisions of ss. ~~627.428 and 768.79 shall~~ apply, except as provided in subsections (10) and (15).

(9) **PREFERRED PROVIDERS.**—An insurer may negotiate and ~~contract enter into contracts~~ with preferred licensed health care providers for the benefits described in this section, ~~referred to in this section as "preferred providers," which shall include health care providers licensed under chapter chapters 458, chapter 459, chapter 460, chapter 461, or chapter and 463.~~ The insurer may provide an option to an insured to use a preferred provider at the time of purchasing purchase of the policy for personal injury protection benefits, if the requirements of this subsection are met. If the insured elects to use a provider who is not a preferred provider, whether the insured purchased a preferred provider policy or a nonpreferred provider policy, the medical benefits provided by the insurer shall be as required by this section. If the insured elects to use a provider who is a preferred provider, the insurer may pay medical benefits in excess of the benefits required by this section and may waive or lower the amount of any deductible that applies to such medical benefits. If the insurer offers a preferred provider policy to a policyholder or applicant, it must also offer a nonpreferred provider policy. The insurer shall provide each insured policyholder with a current roster of preferred providers in the county in which the insured resides at the time of purchase of such policy, and shall make such list available for public inspection during regular business hours at the insurer's principal office of the insurer within the state.

(10) DEMAND LETTER.—

(a) As a condition precedent to filing any action for benefits under this section, ~~the insurer must be provided with~~ written notice of an intent to initiate litigation ~~must be provided to the insurer.~~ Such notice may not be sent until the claim is overdue, including any additional time the insurer has to pay the claim pursuant to paragraph (4)(b).

(b) The notice ~~must required shall~~ state that it is a "demand letter under s. 627.736(4)" and ~~shall~~ state with specificity:

1. The name of the insured upon which such benefits are being sought, including a copy of the assignment giving rights to the claimant if the claimant is not the insured.

2. The claim number or policy number upon which such claim was originally submitted to the insurer.

3. To the extent applicable, the name of any medical provider who rendered to an insured the treatment, services, accommodations, or supplies that form the basis of such claim; and an itemized statement specifying each exact amount, the date of treatment, service, or accommodation, and the type of benefit claimed to be due. A completed form satisfying the requirements of paragraph (5)(d) or the lost-wage statement previously submitted may be used as the itemized statement. To the extent that the demand involves an insurer's withdrawal of payment under paragraph (7)(a) for future treatment not yet rendered, the claimant shall attach a copy of the insurer's notice withdrawing such payment and an itemized statement of the type, frequency, and duration of future treatment claimed to be reasonable and medically necessary.

(c) Each notice required by this subsection must be delivered to the insurer by United States certified or registered mail, return receipt requested. Such postal costs shall be reimbursed by the insurer if ~~so~~ requested by the claimant in the notice, when the insurer pays the claim. Such notice must be sent to the person and address specified by the insurer for the purposes of receiving notices under this subsection. Each licensed insurer, whether domestic, foreign, or alien, shall file with the office designation of the name and address of the person to whom notices ~~must pursuant to this subsection shall~~ be sent which the office shall make available on its Internet website. The name and address on file with the office pursuant to s. 624.422 ~~are shall be~~ deemed the authorized representative to accept notice pursuant to this subsection ~~if in the event~~ no other designation has been made.

(d) If, within 30 days after receipt of notice by the insurer, the overdue claim specified in the notice is paid by the insurer together with applicable interest and a penalty of 10 percent of the overdue amount paid by the insurer, subject to a maximum penalty of \$250, no action may be brought against the insurer. If the demand involves an insurer's withdrawal of payment under paragraph (7)(a) for future treatment not yet rendered, no action may be brought against the insurer if, within 30 days after its receipt of the notice, the insurer mails to the person filing the notice a written statement of the insurer's agreement to pay for such treatment in accordance with the notice and to pay a penalty of 10 percent, subject to a maximum penalty of \$250, when it pays for such future treatment in accordance with the requirements of this section. To the extent the insurer determines not to pay any amount demanded, the penalty ~~is shall~~ not be payable in any subsequent action. For purposes of this subsection, payment or the insurer's agreement shall be treated as being made on the date a draft or other valid instrument that is equivalent to payment, or the insurer's written statement of agreement, is placed in the United States mail in a properly addressed, postpaid envelope, or if not so posted, on the date of delivery. The insurer is not obligated to pay any ~~attorney attorney's~~ fees if the insurer pays the claim or mails its agreement to pay for future treatment within the time prescribed by this subsection.

(e) The applicable statute of limitation for an action under this section shall be tolled for ~~a period of~~ 30 business days by the mailing of the notice required by this subsection.

~~(f) Any insurer making a general business practice of not paying valid claims until receipt of the notice required by this subsection is engaging in an unfair trade practice under the insurance code.~~

(11) FAILURE TO PAY VALID CLAIMS; UNFAIR OR DECEPTIVE PRACTICE.—

(a) ~~If An insurer fails to pay valid claims for personal injury protection with such frequency so as to indicate a general business practice, the insurer is engaging in a prohibited unfair or deceptive practice that is subject to the penalties provided in s. 626.9521 and the office has the powers and duties specified in ss. 626.9561-626.9601 if the insurer, with such frequency so as to indicate a general business practice: with respect thereto~~

1. *Fails to pay valid claims for personal injury protection; or*
2. *Fails to pay valid claims until receipt of the notice required by subsection (10).*

(b) Notwithstanding s. 501.212, the Department of Legal Affairs may investigate and initiate actions for a violation of this subsection, including, but not limited to, the powers and duties specified in part II of chapter 501.

Section 8. Effective December 1, 2012, subsection (16) of section 627.736, Florida Statutes, is amended to read:

627.736 Required personal injury protection benefits; exclusions; priority; claims.—

(16) SECURE ELECTRONIC DATA TRANSFER.—~~If all parties mutually and expressly agree,~~ A notice, documentation, transmission, or communication of any kind required or authorized under ss. 627.730-627.7405 may be transmitted electronically if it is transmitted by secure electronic data transfer that is consistent with state and federal privacy and security laws.

And the title is amended as follows:

Delete lines 45-81 and insert: 627.736, F.S.; revising the cap on benefits to provide that death benefits are in addition to medical and disability benefits; revising medical benefits; distinguishing between initial and followup services; excluding massage and acupuncture from medical benefits that may be reimbursed under the Florida Motor Vehicle No-Fault Law; adding physical therapists to the list of providers that may provide services; requiring that an insurer repay any benefits covered by the Medicaid program; requiring that an insurer provide a claimant an opportunity to revise claims that contain errors; authorizing an insurer to provide notice to the claimant and conduct an investigation if fraud is suspected; requiring that an insurer create and maintain a log of personal injury protection benefits paid and that the insurer provide to the insured or an assignee of the insured, upon request, a copy of the log if litigation is commenced; revising the Medicare fee schedules that an insurer may use as a basis for limiting reimbursement of personal injury protection benefits; providing that the Medicare fee schedule in effect on a specific date applies for purposes of limiting such reimbursement; authorizing insurers to apply certain Medicare coding policies and payment methodologies; requiring that an insurer that limits payments based on the statutory fee schedule include a notice in insurance policies at the time of issuance or renewal; deleting obsolete provisions; providing that certain entities exempt from licensure as a clinic must nonetheless be licensed to receive reimbursement for the provision of personal injury protection benefits; providing exceptions; requiring that an insurer notify parties in disputes over personal injury protection claims when policy limits are reached; consolidating provisions relating to unfair or deceptive practices under certain conditions; eliminating a requirement that all parties mutually and expressly agree to the use of electronic transmission of data; amending s. 817.234, F.S.;

On motion by Senator Negron, further consideration of **CS for CS for SB 1860** with pending **Amendment 5 (435312)** by Senator Negron was deferred.

RECESS

The Senate recessed at 4:42 p.m. to reconvene upon call of the President.

CALL TO ORDER

The Senate was called to order by the President at 4:54 p.m. A quorum present.

SPECIAL ORDER CALENDAR

On motion by Senator Negron, the Senate resumed consideration of—

CS for CS for SB 1860—A bill to be entitled An act relating to motor vehicle personal injury protection insurance; amending s. 316.066, F.S.; revising the conditions for completing the long-form traffic crash report; revising the information contained in the short-form report; revising the

requirements relating to the driver's responsibility for submitting a report for crashes not requiring a law enforcement report; amending s. 400.9905, F.S.; providing that certain entities exempt from licensure as a health care clinic must nonetheless be licensed in order to receive reimbursement for the provision of personal injury protection benefits; amending s. 400.991, F.S.; requiring that an application for licensure, or exemption from licensure, as a health care clinic include a statement regarding insurance fraud; amending s. 626.989, F.S.; providing that knowingly submitting false, misleading, or fraudulent documents relating to licensure as a health care clinic, or submitting a claim for personal injury protection relating to clinic licensure documents, is a fraudulent insurance act under certain conditions; amending s. 626.9894, F.S.; conforming provisions to changes made by act; creating s. 626.9895, F.S.; providing definitions; authorizing the Division of Insurance Fraud of the Department of Financial Services to establish a direct-support organization for the purpose of prosecuting, investigating, and preventing motor vehicle insurance fraud; providing requirements for, and duties of, the organization; requiring that the organization operate pursuant to a contract with the division; providing for the requirements of the contract; providing for a board of directors; authorizing the organization to use the division's property and facilities subject to certain requirements; requiring that the department adopt rules relating to procedures for the organization's governance and relating to conditions for the use of the division's property or facilities; authorizing contributions from insurers; authorizing any moneys received by the organization to be held in a separate depository account in the name of the organization; requiring that the division deposit certain proceeds into the Insurance Regulatory Trust Fund; amending s. 627.736, F.S.; excluding massage and acupuncture from medical benefits that may be reimbursed under the motor vehicle no-fault law; requiring that an insurer give priority to the payment of death benefits under certain conditions; requiring that an insurer repay any benefits covered by the Medicaid program; requiring that an insurer provide a claimant an opportunity to revise claims that contain errors; including hospitals within a requirement for insurers to reserve a portion of personal injury protection benefits; requiring that an insurer create and maintain a log of personal injury protection benefits paid and that the insurer provide to the insured or an assignee of the insured, upon request, a copy of the log; revising the Medicare fee schedules that an insurer may use as a basis for limiting reimbursement of personal injury protection benefits; providing that the Medicare fee schedule in effect on a specific date applies for purposes of limiting such reimbursement; authorizing insurers to apply certain Medicare coding policies and payment methodologies; requiring that an insurer that limits payments based on the statutory fee schedule include a notice in insurance policies at the time of issuance or renewal; deleting obsolete provisions; providing that certain entities exempt from licensure as a clinic must nonetheless be licensed to receive reimbursement for the provision of personal injury protection benefits; providing exceptions; requiring that an insurer notify parties in disputes over personal injury protection claims when policy limits are reached; providing exceptions; providing criteria for determining when a demand letter is deficient; consolidating provisions relating to unfair or deceptive practices under certain conditions; eliminating a requirement that all parties mutually and expressly agree for the use of electronic transmission of data; amending s. 817.234, F.S.; providing that it is insurance fraud to present a claim for personal injury protection benefits payable to a person or entity that knowingly submitted false, misleading, or fraudulent documents relating to licensure as a health care clinic; providing that a licensed health care practitioner guilty of certain insurance fraud loses his or her license and may not receive reimbursement for personal injury protection benefits for a specified period; defining the term "insurer"; amending s. 316.065, F.S.; conforming a cross-reference; requiring that the Office of Insurance Regulation perform a data call relating to personal injury protection; prescribing required elements of the data call; providing for severability; providing effective dates.

—which was previously considered and amended this day with pending **Amendment 5 (443512)** by Senator Negron.

RECONSIDERATION OF AMENDMENT

Senator Gaetz moved that the Senate reconsider the vote by which **Amendment 4 (230376)** was adopted. The motion was adopted.

The vote was:

Yeas—24

Mr. President	Evers	Negron
Alexander	Fasano	Norman
Altman	Gaetz	Oelrich
Benacquisto	Gardiner	Richter
Bennett	Hays	Simmons
Bogdanoff	Jones	Storms
Dean	Latvala	Thrasher
Detert	Lynn	Wise

Nays—14

Braynon	Joyner	Sachs
Bullard	Margolis	Siplin
Diaz de la Portilla	Montford	Smith
Dockery	Rich	Sobel
Gibson	Ring	

On motion by Senator Gaetz, the Senate reconsidered the vote by which **Amendment 4 (230376)** was adopted. **Amendment 4** was adopted.

The vote was:

Yeas—22

Braynon	Garcia	Ring
Bullard	Gibson	Sachs
Dean	Joyner	Siplin
Detert	Latvala	Smith
Diaz de la Portilla	Margolis	Sobel
Dockery	Montford	Storms
Evers	Norman	
Fasano	Rich	

Nays—18

Mr. President	Flores	Negron
Alexander	Gaetz	Oelrich
Altman	Gardiner	Richter
Benacquisto	Hays	Simmons
Bennett	Jones	Thrasher
Bogdanoff	Lynn	Wise

MOTION

On motion by Senator Margolis, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Margolis moved the following amendment to **Amendment 5** which was adopted:

Amendment 5A (193486) (with directory and title amendments)—Between lines 895 and 896 insert:

(17) *REFERRAL FEES.*—A person, entity, or licensee may not accept a fee for the referral of the insured to a person, entity, or licensee for medical benefits under paragraph (1)(a) unless the person, entity, or licensee making the referral discloses in writing to the insured and the insurer that he or she has received a referral fee, the amount of the referral fee, and the name and business address of the person or entity that provided the referral fee. Reimbursement under the Florida Motor Vehicle No-Fault Law to a person, entity, or licensee who receives and fails to disclose a referral fee to the insured and insurer as required by this subsection must be reduced by the amount of the undisclosed referral fee.

And the directory clause is amended as follows:

Delete line 6 and insert: and (11) of section 627.736, Florida Statutes, are amended, and subsection (17) is added to that section, to

And the title is amended as follows:

Delete line 948 and insert: conditions; requiring that a person, entity, or licensee that makes a referral for medical benefits disclose referral fees in writing to the insured and insurer; eliminating a requirement that all parties

MOTION

On motion by Senator Sachs, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Sachs moved the following amendment to **Amendment 5** which was adopted:

Amendment 5B (685322) (with title amendment)—Delete lines 415-421 and insert: codes.

And the title is amended as follows:

Delete lines 934-936 and insert: purposes of limiting reimbursement; requiring that an insurer that

MOTION

On motion by Senator Negron, by the required two-thirds vote, consideration of the following amendments were allowed:

Senator Negron moved the following amendments to **Amendment 5** which were adopted:

Amendment 5C (686246)—Delete lines 33 and 34 and insert: chapter 458 or chapter 459, a dentist licensed under chapter 466, or a chiropractic physician licensed under chapter 460 or

Amendment 5D (158748)—Delete lines 105 and 106 and insert: provider specified in *sub-subparagraph 2.b., sub-subparagraph 2.c., or sub-subparagraph 2.e. subparagraph 3., subparagraph 4.,*

MOTION

On motion by Senator Garcia, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Garcia moved the following amendment to **Amendment 5** which failed:

Amendment 5E (304444)—Delete line 28 and insert: *care pursuant to subparagraph 1. within 30 days after the motor*

MOTION

On motion by Senator Bennett, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Bennett moved the following amendment to **Amendment 5** which was adopted:

Amendment 5F (913172) (with title amendment)—Delete lines 97-102 and insert: *4. Medical benefits for all soft-tissue services or procedures not provided by a physician licensed under chapter 458 or chapter 459, or a chiropractic physician licensed under chapter 460, are limited to a total of \$2,000. As used in this paragraph, the term “soft-tissue services or procedures” means any service or procedure described in a CPT code beginning with 97 as contained in the American Medical Association Current Procedural Terminology (CPT).*

And the title is amended as follows:

Delete lines 916-919 and insert: adding physical therapists to the list of providers that may provide services; providing a reimbursement cap on soft-tissue services or procedures;

SENATOR BENNETT PRESIDING

MOTION

On motion by Senator Bogdanoff, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Bogdanoff moved the following amendment to **Amendment 5** which failed:

Amendment 5G (766786) (with title amendment)—Delete lines 97-102 and insert: *4. Medical benefits do not include massage as defined in s. 480.033. Medically necessary services provided by an acupuncturist in this state licensed under chapter 457 are limited to no more than 15 treatments at no more than \$100 per treatment within the 15-week period after initial treatment by the licensed acupuncturist.*

And the title is amended as follows:

Delete lines 916-918 and insert: *excluding massage from medical benefits that may be reimbursed under the Florida Motor Vehicle No-Fault Law; providing limitations on acupuncture treatments; adding physical therapists*

THE PRESIDENT PRESIDING

MOTION

On motion by Senator Bennett, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Bennett moved the following amendment to **Amendment 5** which was adopted:

Amendment 5H (553258)—Delete line 93 and insert: *services and care is limited to the lesser of 24 visits or*

Amendment 5 as amended was adopted.

MOTION

On motion by Senator Bennett, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Bennett moved the following amendment which was adopted:

Amendment 6 (870118) (with title amendment)—Between lines 354 and 355 insert:

Section 5. Section 626.9581, Florida Statutes, is amended to read:

626.9581 Cease and desist and penalty orders.—After the hearing provided in s. 626.9571, the department or office shall enter a final order in accordance with s. 120.569. If it is determined that the person charged has engaged in an unfair or deceptive act or practice or the unlawful transaction of insurance, the department or office shall also issue an order requiring the violator to cease and desist from engaging in such method of competition, act, or practice or the unlawful transaction of insurance. Further, if the act or practice is a violation of s. 626.9541, ~~or s. 626.9551, or s. 627.736(11), the department or office may, at its discretion,~~ order any one or more of the following:

(1) Suspension or revocation of the person's certificate of authority, license, or eligibility for any certificate of authority or license, if he or she knew, or reasonably should have known, he or she was in violation of this act. *However, the office must revoke the certificate of authority of an insurer that violates s. 627.736(11) for at least 5 years, and all board members of such insurer are prohibited from serving on the board of another insurer for 5 years.*

(2) Such other relief as may be provided ~~in~~ the insurance code.

And the title is amended as follows:

Between lines 22 and 23 insert: *amending s. 626.9581, F.S.; requiring the Department of Financial Services or the Office of Insurance Regulation to revoke the certificate of authority of an insurer that engages in unfair trade practices while providing motor vehicle personal injury protection insurance;*

MOTION

On motion by Senator Negron, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Negron moved the following amendment which was adopted:

Amendment 7 (368242)—Delete lines 288-291 and insert: *Notwithstanding this subsection, an entity shall be deemed a clinic and must be licensed under this part in order to receive reimbursement under the Florida Motor Vehicle No-Fault Law, ss. 627.730-627.7405, unless exempted under s. 627.736(5)(h). An entity required to be licensed in order to receive reimbursement under the Florida Motor Vehicle No-Fault Law is exempt from all license fees under this part.*

MOTION

On motion by Senator Flores, by the required two-thirds vote, consideration of the following amendment was allowed:

Senators Flores, Garcia, and Gaetz offered the following amendment which was moved by Senator Flores and adopted:

Amendment 8 (407476) (with title amendment)—Between lines 1468 and 1469 insert:

Section 11. *Motor vehicle insurance rate rollback.*—

(1) *The Office of Insurance Regulation shall order insurers writing personal injury protection insurance in this state to make a rate filing before October 1, 2012, and effective January 1, 2013, which reduces rates for such insurance by a factor that reflects the expected effect of the changes contained in this act. In the absence of clear and convincing evidence to the contrary, it shall be presumed that the expected impact of the act will result in at least a 25 percent reduction in the rates in effect for such insurance on December 31, 2012. In lieu of making the rate filing required in this subsection, an insurer may, upon notification to the office, implement a 25 percent reduction of its rates, effective January 1, 2013.*

(2) *An insurer or rating organization that contends in the January 1, 2013, rate filing or any subsequent rate filing made on or before December 31, 2018, that the presumed reduced rate provided for in subsection (1) is excessive, inadequate, or unfairly discriminatory shall separately state in its filing the rate it contends is appropriate and shall state with specificity the factors or data that it contends should be considered in order to produce such appropriate rate. The insurer or rating organization shall be permitted to use all of the generally accepted actuarial techniques, as provided in s. 627.062, Florida Statutes, in making any filing pursuant to this subsection. The Office of Insurance Regulation shall review each exception and approve or disapprove it prior to use. It shall be the insurer's burden to actuarially justify by clear and convincing evidence any deviation that results in a rate that is higher than the presumed reduced rate as provided in subsection (1).*

(3) *If any provision of this act is held invalid by a court of competent jurisdiction, the Office of Insurance Regulation shall permit an adjustment of all rates filed under this section to reflect the impact of such holding on such rates so as to ensure that the rates are not excessive, inadequate, or unfairly discriminatory.*

And the title is amended as follows:

Delete line 92 and insert: *cross-reference; requiring personal injury protection motor vehicle insurers to file rates with the Office of Insurance Regulation for review under certain circumstances; specifying a presumption with regard to rates for personal injury protection motor vehicle insurance; requiring that the Office of*

SENATOR BENNETT PRESIDING

THE PRESIDENT PRESIDING

SENATOR BENNETT PRESIDING

MOTION

On motion by Senator Jones, by the required two-thirds vote, consideration of the following amendment was allowed:

Senators Jones, Dockery, and Sachs offered the following amendment which was moved by Senator Jones and failed:

Amendment 9 (537742) (with title amendment)—Delete lines 528 and 529 and insert: nursing services. *Medical benefits do not include acupuncture as defined in s. 457.102. Medical benefits do not include massage as defined in s. 480.033 unless a physician prescribes it, which prescription must include the diagnosis, the frequency of treatment, the modalities of treatment, and a statement of medical necessity for the massage and any modalities. Prescribed treatment may not exceed more than 4 modalities rendered during one treatment date or exceed more than 24 visits within 12 weeks of the first massage service and which is supported by the medical records documenting the medical necessity for each treatment or modality. Massage therapy will be covered as one component of a medically necessary treatment plan. Massage therapy may not be covered in the absence of treatment or other therapeutic modalities performed by the prescribing physician.*

And the title is amended as follows:

Delete lines 45-47 and insert: 627.0736, F.S.; excluding acupuncture from medical benefits that may be reimbursed under the motor vehicle no-fault law; providing limitations on massage treatments; requiring that an insurer

MOTION

On motion by Senator Siplin, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Siplin moved the following amendment which failed:

Amendment 10 (655116) (with title amendment)—Between lines 506 and 507 insert:

Section 7. Subsection (12) of section 627.0651, Florida Statutes, is amended to read:

627.0651 Making and use of rates for motor vehicle insurance.—

(12)(a) Any portion of a judgment entered as a result of a statutory or common-law bad faith action and any portion of a judgment entered which awards punitive damages against an insurer *may shall* not be included in the insurer's rate base; and ~~shall not be~~ used to justify a rate or rate change. Any portion of a settlement entered as a result of a statutory or common-law bad faith action identified as such and any portion of a settlement wherein an insurer agrees to pay specific punitive damages *may shall* not be used to justify a rate or rate change. The portion of the taxable costs and ~~attorney attorney's~~ fees which is identified as being related to the bad faith and punitive damages in these judgments and settlements *may shall* not be included in the insurer's rate base and ~~used shall not be utilized~~ to justify a rate or rate change.

(b) *Any portion of a judgment or settlement for taxable costs and attorney fees in favor of a prevailing plaintiff against an insurer in a claim for benefits under ss. 627.730-627.7405, the Florida Motor Vehicle No-Fault Law, may not be included in the insurer's rate base and used to justify a rate or rate change.*

And the title is amended as follows:

Between lines 44 and 45 insert: 627.0651, F.S.; prohibiting attorney fees awarded to plaintiffs in claims for benefits under the Florida Motor Vehicle No-Fault Law from being included in insurance rates; amending s.

Senator Diaz de la Portilla moved the following amendment which was adopted:

Amendment 11 (761606) (with title amendment)—Delete lines 1315-1329 and insert:

(d)(e) Each notice required by this subsection must be delivered to the insurer by United States certified or registered mail, return receipt requested, *or by electronic mail*. Such postal costs shall be reimbursed by the insurer if ~~so~~ requested by the claimant in the notice, when the insurer pays the claim. Such notice must be sent to the person and address specified by the insurer for the purposes of receiving notices under this subsection. Each licensed insurer, whether domestic, foreign, or alien, shall file with the office ~~designation of~~ the name and *physical and e-mail* address of the *designated* person to whom notices *must* ~~pursuant to this~~

~~subsection shall~~ be sent which the office shall make available on its Internet website. The name and address on file with the office pursuant to s. 624.422 ~~are shall be~~ deemed the authorized representative to accept notice pursuant to this subsection *if in the event* no other designation has been made.

And the title is amended as follows:

Delete line 79 and insert: conditions; providing for demand notices to be submitted electronically; eliminating a requirement that all parties

Senator Sachs moved the following amendment which was adopted:

Amendment 12 (428680) (with title amendment)—Delete lines 883-889 and insert: codes.

And the title is amended as follows:

Delete lines 64-65 and insert: requiring that an

THE PRESIDENT PRESIDING

Pursuant to Rule 4.19, **CS for CS for SB 1860** as amended was ordered engrossed and then placed on the calendar of Bills on Third Reading.

MOTIONS

On motion by Senator Thrasher, the rules were waived and the Engrossing staff of the Office of the Secretary was instructed to make technical and conforming changes to **CS for CS for SB 1860** as necessary to allow for the proper engrossing of all amendments adopted this day.

COMMUNICATION

March 6, 2012

In compliance with Article III, Section 19(d), State Constitution, and Joint Rule 2, the Budget Conference Committee Report on **HB 5001** was electronically furnished to each member of the Legislature, the Governor, the Chief Justice of the Supreme Court, and each member of the Cabinet.

The Conference Committee Report on HB 5001 was made available on Tuesday, March 6, 2012, at 4:22 p.m.

Respectfully Submitted,
Robert L. "Bob" Ward
Clerk of the House

MOTIONS RELATING TO COMMITTEE REFERENCE

On motion by Senator Thrasher, by two-thirds vote **CS for CS for SB 738, CS for SB 808, SB 852, SB 1068, CS for SB 1120, CS for SB 1144, CS for CS for SB 1168, CS for CS for CS for SB 1254, CS for CS for SB 1402, CS for CS for SB 1586, CS for SB 1656, and CS for SB 1858** were withdrawn from the Committee on Budget.

MOTIONS

On motion by Senator Thrasher, by two-thirds vote all bills remaining on the Special Order Calendar this day except **CS for CS for SB 1172** were placed on the Special Order Calendar for Wednesday, March 7.

On motion by Senator Thrasher, the rules were waived and a deadline of one hour after the availability of engrossed bills was set for filing amendments to Bills on Third Reading to be considered Wednesday, March 7.

On motion by Senator Thrasher, the rules were waived and by two-thirds vote **CS for CS for SB 1816** was placed on the Special Order Calendar to be considered Wednesday, March 7.

ANNOUNCEMENTS RELATING TO COMMITTEE MEETINGS

Pursuant to Rule 2.62, Senator Thrasher announced that the Committee on Budget will meet Wednesday, March 7 from 8:00 a.m. until 9:00 a.m.

MOMENT OF SILENCE

At the direction of President Haridopolos, the Senate observed a moment of silence for Brevard County Sheriff's Deputy, Barbara Pill, who was killed in the line of duty this day.

REPORTS OF COMMITTEES

Pursuant to Rule 4.17(1), the Special Order Calendar Group submits the following bills to be placed on the Special Order Calendar for Tuesday, March 6, 2012: SB 170, CS for CS for SB 320, CS for SB 616, CS for SB 782, CS for CS for SB 804, CS for SB 850, CS for SB 880, CS for CS for SB 1172, CS for CS for SB 1316, CS for CS for SB 1502, SB 1570, CS for SB 1880.

Respectfully submitted,
John Thrasher, Chair

MESSAGES FROM THE HOUSE OF REPRESENTATIVES

FIRST READING

The Honorable Mike Haridopolos, President

I am directed to inform the Senate that the House of Representatives has passed as amended CS for CS for HB 565, CS for CS for HB 7059 and requests the concurrence of the Senate.

Robert L. "Bob" Ward, Clerk

By Judiciary Committee, Civil Justice Subcommittee and Representative(s) Porter—

CS for CS for HB 565—A bill to be entitled An act relating to family law; amending s. 61.075, F.S.; redefining the term "marital assets and liabilities" to include the value of the marital portion of the passive appreciation of nonmarital real property; authorizing a court to require security and the payment of a reasonable rate of interest if installment payments are required for the distribution of marital assets and liabilities; requiring the court to provide written findings regarding any installment payments; creating s. 61.0765, F.S.; providing formulas for the calculation of the value of the marital portion of nonmarital real property subject to equitable distribution; requiring the court in the dissolution action to use the formulas unless sufficient evidence is presented showing that the application of the formulas is not equitable; amending s. 61.08, F.S.; revising requirements relating to the awarding of durational alimony; requiring a court to make certain written findings concerning awards of durational alimony; changing the term "permanent alimony" to "long-term alimony"; requiring written findings regarding the incomes of the parties after dissolution of marriage; creating a rebuttable presumption concerning the standard of living after dissolution of marriage; revising provisions relating to security of alimony awards; providing for calculation of duration of marriages of parties married to each other more than once; requiring written findings for certain awards of durational alimony; amending s. 61.14, F.S.; revising provisions relating to the effect of a supportive relationship on an award of alimony; authorizing a court to award an obligor attorney fees and costs under certain circumstances; providing that the fact that an obligor has reached a reasonable retirement age for his or her profession, has retired, and has no intent to return to work is a substantial change in circumstances as a matter of law; requiring a court to impute income to the obligee based on the analysis and factors set forth in specified provisions; amending s. 61.18, F.S.; conforming provisions to changes made by act; amending s. 61.19, F.S.; prohibiting the separate adjudication of issues in a dissolution of marriage case within 180 days after filing

unless a court finds that there are exceptional circumstances; authorizing the separate adjudication of issues in a dissolution of marriage case if the case is more than 180 days past filing; requiring the separate adjudication of issues of a dissolution of marriage case, absent a showing of irreparable harm, if the case is more than 365 days past filing; providing an effective date.

—was referred to the Committees on Judiciary; Banking and Insurance; and Budget.

By Education Committee, PreK-12 Appropriations Subcommittee, K-20 Innovation Subcommittee and Representative(s) Stargel—

CS for CS for HB 7059—A bill to be entitled An act relating to acceleration options in public education; creating s. 1002.3105, F.S., relating to Academically Challenging Curriculum to Enhance Learning (ACCEL) options, to provide eligible public school students educational options that provide academically challenging curriculum or accelerated instruction; providing school principal and school district determined student eligibility and procedural requirements; requiring a process by which a parent may request student participation, including the execution of a performance contract in certain instances; amending ss. 1001.64 and 1001.65, F.S.; conforming provisions relating to dual enrollment articulation agreements between Florida College System institutions and school districts; amending ss. 1002.20 and 1002.41, F.S.; conforming cross-references; amending s. 1003.02, F.S.; requiring school districts to notify parents of options for early or accelerated high school graduation; amending s. 1003.4156, F.S.; revising requirements for the course in career and education planning required for middle grades promotion; deleting a required parent meeting; amending s. 1003.428, F.S.; conforming provisions; creating s. 1003.4281, F.S., relating to early high school graduation; defining the term "early graduation"; requiring that each school district adopt a policy that provides a high school student with the option of graduating early; requiring parental notification of student eligibility; providing for receipt of an initial Florida Bright Futures Scholarship Program award; providing requirements for funding high school credits; amending s. 1003.4295, F.S.; requiring that students be advised of acceleration options; authorizing all students to participate in the Credit Acceleration Program; amending s. 1003.436, F.S.; conforming provisions; amending s. 1003.437, F.S.; specifying that the middle and high school grading system applies to the course level; amending s. 1003.491, F.S.; revising provisions relating to the Florida Career and Professional Education Act; revising the basis for the strategic plan to address workforce demands; providing for coordination to promote and support career-themed courses that lead to industry certification; amending s. 1003.492, F.S.; requiring secondary schools offering career-themed courses to coordinate with the appropriate industry; amending s. 1003.493, F.S.; revising provisions relating to career and professional academies; defining the term "career-themed" course; amending s. 1003.4935, F.S.; requiring district school boards to include plans to implement career-themed courses; requiring the State Board of Education to adopt rules; repealing s. 1007.235, F.S., relating to district interinstitutional articulation agreements; amending s. 1007.263, F.S.; eliminating an exemption from Florida College System admission requirements for certain secondary students; amending s. 1007.27, F.S., relating to articulated acceleration mechanisms; deleting duplicative language relating to early admission; amending s. 1007.271, F.S., relating to dual enrollment programs; providing student eligibility requirements and restrictions for enrollment and continued enrollment in dual enrollment courses; authorizing a participation limit based upon capacity; providing requirements for faculty members providing instruction in college credit dual enrollment courses; providing curriculum standards for college credit dual enrollment; clarifying district school board duties; establishing a minimum and maximum number of college credit hours for participation in an early admission program; providing home education student eligibility requirements for enrollment in dual enrollment courses; requiring a home education articulation agreement; providing requirements for the development and contents of a school district and Florida College System institution dual enrollment articulation agreement; requiring the Department of Education to develop an electronic submission system for dual enrollment articulation agreements and to review agreements for compliance; authorizing dual enrollment articulation agreements with state universities, eligible independent colleges and universities, and private secondary schools; repealing s. 1007.272, F.S., relating to joint dual enrollment and advanced placement instruction; amending s. 1008.22, F.S.; requiring that

the end-of-course assessment in Algebra I be administered four times annually; amending s. 1008.25, F.S.; revising legislative intent relating to public school student progression; requiring the comprehensive student progression plan to include information for students and parents on accelerated educational options; deleting a technical assistance responsibility of the department; amending s. 1009.25, F.S.; conforming a cross-reference; amending ss. 1009.531 and 1009.532, F.S.; providing requirements for the evaluation of certain students for initial and renewal awards under the Florida Bright Futures Scholarship Program; amending s. 1011.61, F.S.; providing reporting requirements for school districts for a full-time equivalent student in courses requiring certain statewide, standardized end-of-course assessments and for a student who passes a statewide, standardized end-of-course assessment without being enrolled in the corresponding course; amending s. 1011.62, F.S.; providing for calculation of additional full-time equivalent membership based on completion of career-themed courses; providing a calculation of additional full-time equivalent membership based on early high school graduation; providing an effective date.

—was referred to the Committees on Education Pre-K - 12; Budget Subcommittee on Education Pre-K - 12 Appropriations; and Budget.

RETURNING MESSAGES — FINAL ACTION

The Honorable Mike Haridopolos, President

I am directed to inform the Senate that the House of Representatives has concurred in Senate Amendments 1, 2, and 3 and passed HB 231 as

amended; concurred in Senate Amendments 1, 2, and 3 and passed CS for HB 1197 as amended; concurred in Senate Amendment 1 and passed CS for HB 7039 as amended; and concurred in Senate Amendment 1 and passed HB 7075 as amended.

Robert L. "Bob" Ward, Clerk

CORRECTION AND APPROVAL OF JOURNAL

The Journal of March 5 was corrected and approved.

CO-INTRODUCERS

Senators Bullard—CS for SB 1440; Garcia—CS for CS for CS for SB 202; Lynn—CS for CS for CS for SB 202, CS for CS for SB 256, CS for CS for CS for SB 820, CS for CS for CS for SB 1626; Margolis—CS for SB 1440; Negron—CS for CS for CS for SB 202, CS for CS for SB 256; Siplin—CS for SB 1440; Smith—CS for SB 1440; Sobel—CS for SB 1440; Storms—CS for SB 1440, CS for SB 1662

RECESS

On motion by Senator Thrasher, the Senate recessed at 6:32 p.m. for the purpose of holding committee meetings and conducting other Senate business to reconvene at 9:30 a.m., Wednesday, March 7 or upon call of the President.